

NOMINATION FORM
“Classified Employee of the Year”
Award Year: January – December 2011

NOMINEE Information:

Name: _____

Department: _____

Supervisor’s Name: _____

NOMINATOR Information:

Name: _____

Department: _____

Signature: _____

(Required to validate nomination)

_____ Date

Approval needed by College or Administrative Units to validate award.

Signature of Dean, Provost, or Administrative Unit

_____ Date

Print Above Name

Submit this form to:

Annette L. Hernandez
K-State Salina Engineering Technology
Technology Center 100B
CAMPUS MAIL
ahernan@ksu.edu
fax: 785-826-2941
phone: 785-826-2646

Thank you for helping K-State recognize outstanding classified employees.