

# OUTSTANDING SERVICE AWARD

## CONTINUOUS SERVICE AWARD NOMINATION FORM

### Requirements for filling out the Nomination Form

- Must be typewritten or legibly handwritten.
- Original nominator must use this form and clearly show how the nominee meets the five Selection Criteria: (1) Work Above and Beyond Expectation, (2) Initiative, (3) Innovation, (4) Excellent Performance, and (5) Dedication.
- Supporting letters will not be accepted to support a nomination. Follow these tips if there are other employees supporting the nomination.

*Tip 1: Each individual supporting the nomination **MUST** fill out a Nomination Form or a similar format may be accepted clearly showing how the nominee meets the five Selection Criteria: (1) Work Above and Beyond Expectation, (2) Initiative, (3) Innovation, (4) Excellent Performance, and (5) Dedication.*

*Tip 2: Instead of each nominator filling out a Nomination Form, the main nominator may list the names of all the nominators or individuals supporting the nomination on the Nomination Form.*

*Tip 3: The main nominator may collect all the letters of support from various individuals in their unit and summarize it in the Nomination Form and specify what each person wrote about the nominee for each of the Selection Criteria.*

- Only the main Nomination Form is required to have the signatures. All signature areas must be signed before submission even if all areas (nominator, supervisor, department head, dean/director) is the same person.
- Deadline date for submission of nomination is no later than 9:30 a.m. on **Monday, February 9, 2009.**

Name of Employee Being Nominated	<b><u>THIS SECTION FOR UMD HR USE ONLY</u></b>  <b>Performance Appraisal on File:</b> Yes    No <b>Job Description on File:</b> Yes    No <b>Year(s) Nominee Received an Award:</b>
Department	

*Please print extra copy of this page if nominating more employees.*

**Please tell us how the nominee best meet the five Selection Criteria:**

***1. WORK "ABOVE AND BEYOND" EXPECTATIONS***

***2. INITIATIVE***

**3. INNOVATION**

**4. EXCELLENT PERFORMANCE**

**5. DEDICATION**

**SIGNATURE IS REQUIRED IN ALL AREAS**  
**(all signature areas must be signed even if the Nominator and Supervisor is also the Department Head or Dean/Director)**

Note: Signature does not indicate support or lack of support of nomination.

**Nominator**

Printed Name of Nominator:	Campus Address:	Campus Phone:
Nominator's Signature: <b>(REQUIRED)</b>	Date:	Email Address:

**Supervisor** – Note to Nominee's Supervisor: To be eligible for nomination, the nominee(s) must have a current [Performance Appraisal Form](#) and [Job Description](#) in their official personnel file at UMD HR completed within the prior 12 months. Questions? Please call 726-7822.

Printed Name of Nominee's Supervisor:	Campus Address:	Campus Phone:
Supervisor's Signature: <b>(REQUIRED)</b>	Date:	Email Address:

**Department Head**

Printed Name of Department Head:	Campus Address:	Campus Phone:
Department Head's Signature: <b>(REQUIRED)</b>	Date:	Email Address:

**Dean/Director**

Printed Name of Dean/Director:	Campus Address:	Campus Phone:
Dean/Director's Signature: <b>(REQUIRED)</b>	Date:	Email Address:

**Please mail or deliver the form to:**

Lita Wallace, OSA Coordinator  
 UMD Department of Human Resources  
 255 Darland Administration Building  
 1049 University Drive, Duluth MN 55812

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