

Nominations for Employee of the Year Awards

Nominee's Name: _____

Nominee's Current Title: _____

Nominee's Current Department: _____

Award:

STAFF MANAGER FACULTY ADJUNCT TEAM/COMMITTEE

Submitter's Name: _____

Submitter's Current Title: _____

Submitter's Current Department: _____

Rationale:

*Written rationale must address two or more of the **criteria for selection** from the current guidelines listed on the Professional Development page at Ohlone.edu.*

**Please submit electronic copies to dpanales@ohlone.edu
Printed copies to HR mailbox**