TRITON AWARDS PROGRAM

2020 Nomination Form
For Calendar Year 2019

Please indicate for which award the individual or team is being nominated:

Triton of the Year
Faculty of the Year
Innovation Award
Institutional Prestige Award
Student Employee of the Year

_____ Supervisor of the Year
_____ Triton Cares Award
_____ Students' Choice Award
_____ Triton Team Award
COVID-19 Hero Award

	Nominee	Nominator
Name		
Position title		
Length of time in that position		N/A
Department/Division/Program		
Work telephone number		
Email address		

<u>NOMINATION NARRATIVE</u>

To the best of your knowledge, please provide a brief explanation of the nominee's job duties in the space below.

In the space below, describe how the nominee's performance demonstrates excellence and meets the criteria for the award for which he or she is nominated. (500 word limit)

UNIVERSITY OF
GUAM
UNIBETSEDÅT GUÅHAN

2020
ANNUAL
TRITON
AWARDS

Please provide a summary or list of the nominee's accomplishments in the space below.

This information is in addition to the nominee's performance summary (not duplicated.)

I certify that all the information provided in this nomination is true, and that the submission meets all eligibility requirements.

_____
Nominator's Signature   Date

_____ APPROVED – NOMINEE MEETS ALL CRITERIA

_____ DENIED – NOMINEE DOES NOT MEET THE FOLLOWING CRITERIA:

_____ Employee has not met the 12-month full-time employment at UOG requirement.

_____ Nomination does not demonstrate that nominee meets the award criteria.

_____ Nominee is ineligible due to previously receiving award, *if applicable. Date award was previously received: _____

_____ Nominee has a less that "satisfactory" performance rating on most recent performance evaluation.
Formal disciplinary action within 12 months of nomination date and/or is under current investigation for misconduct or is involved in an active disciplinary case.

*time period identified in award description

Department Head/Dean Signature   _____ **Date** _____

Printed Name/Title   _____

Human Resources Office Concurrence

_____ **Approved**

_____ **Denied**

Chief Human Resources Officer Signature   _____ **Date** _____

Printed Name   _____