



TRITON AWARDS PROGRAM

2019 Nomination Form

For Calendar Year 2018

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

- | | |
|------------------------------|------------------------------|
| _____ Citizen of the Year | _____ Supervisor of the Year |
| _____ Faculty of the Year | _____ Triton Cares |
| _____ Innovation | _____ Students' Choice |
| _____ Institutional Prestige | _____ Triton Team Award |

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

NOMINATION NARRATIVE

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)



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



(For Human Resources Office Use Only)

_____ 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 than "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 _____