



**CWEA TRI-COUNTIES SECTION  
LOCAL AWARD NOMINATION FORM**

**Administrative Staff Person of the Year**

Nominee Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City, Zip Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Nominator Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City, Zip Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Checklist of Awards Criteria: You must include all of the following to be eligible for the award.**

1. **CWEA Member?**
2. **Nominee must be, or have been, employed in department where principal activity is directly to assist the wastewater treatment plant, collection systems, or environmental compliance.**
3. **Three copies of nomination packet.**
4. **Highly desirable: a record of service to CWEA and the Tri-Counties Section.**

**Instructions:**

1. **Applicants must use the attached form. Other formats will not be accepted. Submitted material will not be returned.**
2. **Any number of nominees may be submitted by a single agency or nominator for this award.**
3. **The CWEA Tri-Counties Section Awards are coordinated by the Section Awards Chair or respective committee (if appropriate).**
5. **The Awards Committee shall evaluate all nominees for this award.**
6. **All nominees will be notified of their status prior to the TCS Awards Banquet (January 14, 2022.)**
7. **Send nomination forms to the Tri-Counties Section Awards Chair:**

**Mary Thompson  
City of Santa Barbara  
520 E. Yanonali Street  
Santa Barbara, CA 93103**

8. **All Awards packets must be received NO LATER THAN November 1, 2021.**
9. **Questions: Mary Thompson, Awards Chair, [mthompson@santabarbaraca.gov](mailto:mthompson@santabarbaraca.gov)**

**TO BE COMPLETED BY NOMINATOR**

**1. NOMINEE:**

A. Name of Nominee: \_\_\_\_\_

Job Title: \_\_\_\_\_

Years in Position: \_\_\_\_\_

Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_

B. Local Section Member (not required for this local section award):

Yes                       No                      Years \_\_\_\_\_

C. List Previous Awards:

**2. SUGGESTED AWARDS CRITERIA**

**NOTE: Attach additional information, if needed.**

A. Describe nominee's job: include his/her functions and relationship to other employees.

B. What has this nominee done to improve the functioning of the work group or department?



