



**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 (In January 2023, exact date TBD.)**
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, 2022.**
9. **Questions: Mary Thompson, Awards Chair, 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?

- C. How has this nominee been active in the local section?**
- D. What professional accomplishments had the nominee gained related to this award?**
- E. List any relevant educational background, training classes, or certifications or licenses.**
- F. List any relevant past work experience.**
- G. Provide a summary of why this nominee deserves this award and any other comments relating to the nomination of this person.**

ADMINISTRATIVE STAFF PERSON OF THE YEAR SCORE SHEET

Nominee's Name: _____

Years in profession	1	2	3	4	5	6	7	8	9
Certifications/Licenses	1	2	3	4	5	6	7	8	9
Professional Mem.	1	2	3	4	5	6	7	8	9
Job Functions & Relationship to Other Employees	1	2	3	4	5	6	7	8	9
Improvement to Work Group Function	1	2	3	4	5	6	7	8	9
CWEA Local Activity	1	2	3	4	5	6	7	8	9
Professional Accomplishments	1	2	3	4	5	6	7	8	9
Education and Training	1	2	3	4	5	6	7	8	9
Relevant Past Work Experience	1	2	3	4	5	6	7	8	9
Nomination Summary	1	2	3	4	5	6	7	8	9

TOTAL POINTS _____

TOTAL POINTS POSSIBLE **90**

% _____

Rated by: _____ **Date:** _____