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 2027)**
7. **Send nomination forms to the Tri-Counties Section Awards Chair:**

   Jacob Broad
   jacobb@carpsan.com

8. **All Awards packets must be received NO LATER THAN OCTOBER 30th, 2026.**
9. **Questions: Jacob Broad, Awards Chair, jacobb@carpsan.com**

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:**_____