

Carl Faubion Outstanding
Library Staff Member of the Year Award

Part One: To be completed by the individual making a nomination of an eligible employee.

Name of Nominee

Department

Position Title

Supervisor

Justification: (Please state the nominee's qualifications for this award) Attach any evidence such as letter of support, etc.

Name of Nominator

Telephone

Signature of Nominator

Date

Nominator's Address

Part Two: To be completed by department administrators. Forward to the Dean of the Library.

Comments of Supervisor (If different from nominator):

Signature of Supervisor

Date

Comments of Department Head (If different from nominator):

Signature of Department Head

Date

Part Three: Recommendation of Nomination Review Committee.

Vote _____

Part Four:

Award Approved:

Not Approved:

Signature of Dean

Date