

**CLASSIFIED STAFF COUNCIL  
CLASSIFIED EMPLOYEE OF THE YEAR  
NOMINATION FORM**

NAME OF CLASSIFIED EMPLOYEE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

NOMINATED BY: \_\_\_\_\_

PLEASE PROVIDE A BRIEF EXPLANATION WHY THIS CLASSIFIED EMPLOYEE SHOULD BE CONSIDERED FOR EMPLOYEE OF THE YEAR. INCLUDE YEARS OF SERVICE (IF KNOWN) AND WHAT SETS THIS EMPLOYEE APART FROM OTHER EMPLOYEES. PLEASE TRY TO KEEP NOMINATION TO 1 PAGE OR LESS.

RETURN NOMINATION FORMS TO: [ClassifiedStaff.Council@unco.edu](mailto:ClassifiedStaff.Council@unco.edu) BY March 15, 2018.