

Auxiliary Operations
Spot Award Nomination Form

Nominated Staff Member

Name: _____ Type: Part-time Full-time
Title/Position: _____ Time in Position: _____
ndID: _____ Net ID: _____ Classification: _____

Nomination Information

Describe the action(s) that initiated this nomination (be specific and detail how he/she went above expectations, initiated an improvement or solution, or achieved high customer impact.

Nominator (Manager/Supervisor)

Name: _____ Date: _____
Department: _____ Title/Position: _____
Phone: _____ Email: _____

Associate Vice President's Approval

Name: David A. Harr Signature: _____ Date: _____