

Office of Human Resources | Box 1040 | Edwardsville, IL 62026 | Phone: 618.650.2190 | Fax: 618.650.2696

**Person nominated:**

Name \_\_\_\_\_ Title \_\_\_\_\_  
 Department \_\_\_\_\_ Campus Phone \_\_\_\_\_

**Person making the nomination:**

Name \_\_\_\_\_ Title \_\_\_\_\_  
 Department \_\_\_\_\_ Campus Phone \_\_\_\_\_

**References:** List at least one, but no more than three references who support this nomination. These references should be notified that they may be required to furnish a letter of recommendation. **The person making the nomination should submit a letter providing specific examples that support each of the SIX criteria with the nomination application.** **PLEASE NOTE: The nomination must be made or supported by the supervisor. The supervisor must submit a letter of support at the time of the nomination.** Persons listed as reference are not required to submit a letter at this time and will only be asked to do so if needed.

Name \_\_\_\_\_ Title \_\_\_\_\_  
 Department \_\_\_\_\_ Campus Phone \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_  
 Department \_\_\_\_\_ Campus Phone \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_  
 Department \_\_\_\_\_ Campus Phone \_\_\_\_\_

**For use by Office of Human Resources only:**

Two-year requirement in position met?  Yes  No  
 Received EOM in the last five years?  Yes  No  
 Did supervisor supply letter?  Yes  No  
 Service date \_\_\_\_\_ Years of service \_\_\_\_\_ Date received \_\_\_\_\_  
 Date submitted to committee for review \_\_\_\_\_  
 Reason for hold \_\_\_\_\_  
 Date additional information requested \_\_\_\_\_ Of whom \_\_\_\_\_  
 Date additional information received \_\_\_\_\_ Total Score \_\_\_\_\_