
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 _____