



Support Staff Employee of the Year Award Nomination Form

To be completed by the person making the nomination

Name of nominee _____

Nominee's position _____

Number of years with ACPS _____

Does the nominee plan to continue employment with ACPS next school year? Yes ___ No ___

Nominator's name _____

Nominator's position _____

Working relationship to nominee _____

Signature _____ Date _____

- Please submit up to three letters of support. One recommendation letter **must** be from the nominee's current principal or immediate supervisor. The other two references should be from individuals who are familiar with the nominee's contributions to ACPS. The recommendation letters should describe how the nominee:
 - demonstrates outstanding commitment to the division's mission of Every Student Succeeds
 - fosters cooperative and collaborative relationships with colleagues and the community
 - contributes to ACPS in a exceptional way
 - takes initiative to address issues, solve problems or make improvements
 - seeks opportunities to learn and grow
 - exemplifies high achievement in their work
- Attach the Career Summary Form

Career Summary Form

First Name: _____ **Last Name:** _____

School/Department: _____

Training (degree(s), certificate programs, training sessions, etc.):

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Relevant employment history:

Awards and Honors:

Community or volunteer experience or other interests: