President's Staff Award: Outstanding Employee

Deadline: Thursday, July 14, 2022, by 11:59pm

Instructions: Employees nominated for this award shall demonstrate outstanding characteristics in the categories listed below and meet eligibility criteria (see https://www.csusb.edu/human-resources/current-employees/recognition). Complete the sections below (type or print clearly). Please give specific, concise examples of how this nominee demonstrates each category listed below (limit to 250 words per category).

| Employee's Full Name: | Employee's Campus Email Address: |
|---|----------------------------------|
| Employee's Job Title, Department, and Division: | |

| CATEGORIES | SPECIFIC, CONCISE EXAMPLES (please limit to 250 words per category) |
|---|---|
| Dedication: Describe the employee's commitment to the department, division, and/or University. Reference specific examples of the employee's reliability and loyalty. | |
| Job Performance: Describe the employee's level of expertise, job knowledge, and skills in their position. Cite examples that capture the employee's effectiveness in their position/role. | |

| Employee Name: | | | |
|---|------------------------|---------------------------------|----------------------------------|
| Service: Describe the employee's attitude and behavior toward providing service to others in the department, division, and University. Include specific examples of their relationship with students, Faculty, and coworkers. | | | |
| Diversity and/or | | | |
| Community Outreach: Describe the employee's efforts in promoting, enhancing, and sustaining a diverse work environment and participation in some form of University or community activities. | | | |
| Name of individual submitting form: | | Campus Phone I | Number and Campus Email Address: |
| Others who support this nominati | on (Optional and Highl | v Recommended) | • |
| Full Name: | Campus Email Ac | • | Campus Phone Number: |
| Full Name: | Campus Email Ac | ddress: | Campus Phone Number: |
| Full Name: | Campus Email Ac | ddress: | Campus Phone Number: |
| | | 05.4. Co. a. all'a a la a a Co. | |
| | To Be Completed by P | 'SA Coordinators On | niy |
| Confirm Receipt of Nomination Õ Yes. | Date: | | Date Received: |