

# President's Staff Award: Outstanding Employee

Deadline: Friday, July 10, 2020, 11:59 pm

**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). When submitting the nomination, attach supporting documents (samples of work) to the e-mail.

<b>Employee's Full Name:</b>	<b>Employee's Campus Email Address:</b>
<b>Employee's Job Title, Department, and Division:</b>	

<b>CATEGORIES</b>	<b>SPECIFIC, CONCISE EXAMPLES (please limit to 250 words per category)</b>
<b>Dedication:</b> Describe the employee's commitment to the department, division, and/or University. Reference specific examples of the employee's reliability and loyalty.	
<b>Job Performance:</b> 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:** \_\_\_\_\_

<p><b>Service:</b> 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 co-workers.</p>	
<p><b>Diversity and/or Community Outreach:</b> Describe the employee's efforts in promoting, enhancing, and sustaining a diverse work environment and participation in some form of University or community activities.</p>	

<p><b>Name of individual submitting form:</b></p>	<p><b>Campus Phone Number and Campus Email Address:</b></p>
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**Others who support this nomination (Optional and Highly Recommended):**

<p><b>Full Name:</b></p>	<p><b>Campus Email Address:</b></p>	<p><b>Campus Phone Number:</b></p>
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<p><b>Full Name:</b></p>	<p><b>Campus Email Address:</b></p>	<p><b>Campus Phone Number:</b></p>

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**To Be Completed by PSA Coordinators Only**

Confirm Receipt of Nomination  Yes, Date: \_\_\_\_\_

Date Received: \_\_/\_\_/\_\_\_\_