

# President's Staff Award: Special Achievement

Deadline: July 11, 2019, 11:59 pm

**Instructions:** Employees nominated for this award are being acknowledged for a specific contribution to their department, division or University and must meet eligibility criteria (see <https://www.csusb.edu/human-resources/current-employees/recognition>). This contribution may be for a single event, project, or idea over the past year that has enhanced productivity, efficiency or effectiveness and represents a specific, identifiable contribution beyond the regular expectations of the position. 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). Print PDF form and documents (samples of work) may be attached to this form. Send nomination and supporting documents to the Staff Development Center (PL-1104) in a sealed envelope and please mark as confidential.

**Employee's Full Name:**

**Employee's Job Title, Department, and Division:**

**Specific Contribution:** Describe the event, project, or idea for which the employee is being nominated

**Results:** Describe how the event, project, or idea for which the employee is being nominated for has enhanced productivity, efficiency, effectiveness, or provided less waste or generated cost savings for the department, division, or University. Please limit to 750 words or less. Additional Space provided on second page.

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**Results Continued:**

**Name of individual submitting form:**

**Campus Phone Number and Campus Email Address:**

**If nominee were to ask who nominated them, would you like to remain anonymous?**

Yes

No

**Name of individual submitting form:**

**Campus Phone Number and Campus Email Address:**

**Others who support this nomination (optional):**

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

**To Be Completed by PSA Coordinators Only**

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

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