WRIGHT STATE UNIVERSITY-LAKE CAMPUS SPIRIT OF SERVICE
STAFF AWARD NOMINATION FORM

NOMINEE INFORMATION

FULL NAME OF NOMINEE: 

CURRENT POSITION: 

DEPARTMENT: 

Please provide information in the spaces below. Specific noteworthy examples, details, narratives are required. Please type or print. Additional sheets may be attached as needed.

SPIRIT OF COLLABORATION:


SPIRIT OF COMMITMENT:


http://lake.wright.edu/about/staff-advisory-council
ADDITIONAL INFORMATION WHICH MAY BE HELPFUL TO THE COMMITTEE:

NOMINATOR INFORMATION

-PLEASE TYPE OR PRINT-

FULL NAME: ____________________________
CURRENT POSITION: ___________________
DEPARTMENT: _________________________
PHONE: ______________________________
EMAIL: _______________________________

NOMINEE’S SUPERVISOR SIGNATURE

NOMINATION DEADLINE: 5:00 P.M. MAY 31
NO LATE SUBMISSIONS WILL BE ACCEPTED. NOMINATION MAY BE SUBMITTED TO ANY MEMBER OF LSAC.

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