The College of Medicine "Award of Excellence"

Criteria:

Nominations need not address all categories listed and may include others. Because these awards include a COM-funded monetary award, they must be based on achievements in activities beyond normal duties. Judges will be looking for examples of actions that surpass simply meritorious performance by the Nominee in his/her job. Nominations need not address all categories listed and may include others.

OUTSTANDING ACHIEVEMENT IN THE WORKPLACE — actions that constitute performance beyond expected standards.

EXCEPTIONAL CONTRIBUTIONS TOWARD EFFICIENCY AND EFFECTIVENESS OF OPERATIONS — actions that contribute to the maximum utilization of universal resources.

OUTSTANDING SERVICE TO THE UNIVERSITY COMMUNITY AND/OR VISITORS — actions that are especially helpful or make a good impression on others.

SPECIAL EFFORTS IN PROMOTING WORKFORCE DIVERSITY — actions that contribute to improving sensitivity to and implementation of diversity.

To nominate someone, please complete the nomination form and enclose at least 3 but no more than 5 letters of support.

COMSAC
1501 North Campbell Avenue, PO Box 245017, Tucson, Arizona 85724
Employee Recognition Representatives:
Danielle Crounse (626-1982) or Jose Solorzano (626-2738)
19th Annual Employee Recognition Awards Ceremony
College of Medicine - "Staff Award of Excellence"
DuVal Auditorium
10:00 AM to 12:00 Noon on Friday, May 7th, 2010

NOMINATION FORM

Fill out this form and provide at least three letters of support which describe the nominated staff member's outstanding achievement. Sample statements of support are available at the COMSAC website, http://www.medicine.arizona.edu/comsac/. Please be specific in the ways the nominee has exceeded their required job duties.

Pay Grade: please check one __1-31 __32-40+ __Research Staff Associate

Nominee's name: ________________________________________________________________

Department: ____________________________ Job Title: ________________________________

Phone Number of Nominee: _______________________________________________________

Mailing Address of Nominee: ____________________________________________________

List Position held, length of time and department:

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

Supervisor's Name: __________________________ Supervisor's Phone Number: __________

Supervisor's E-mail address: ______________________________________________________

Nominator's name: __________________________ Nominator's Department: ______________

Nominator's Phone: __________________________ Nominator's E-mail: _________________

In what capacity have you (the nominator) known the nominee? _______________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

Nominator's signature: ___________________________________________________________

NOMINATION DEADLINE: APRIL 9, 2010

Mail or Deliver to: CoM Dean's Office, PO Box 245017 (COM Administration Lobby)
Questions: Danielle Crounse (626-1982) or Jose Solorzano (626-2738)