

**EMPLOYEE RECOGNITION NOMINATION FORM**

I wish to nominate the following employee for consideration for the Employee Recognition Award by the Guilderland Central School District Board of Education: (Please be sure to spell name correctly)

**NAME:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_

**GRADE/PROGRAM:** \_\_\_\_\_

**SCHOOL/DEPARTMENT:** \_\_\_\_\_

\_\_\_\_\_ and \_\_\_\_\_  
**NAME OF PERSON MAKING NOMINATION                      POSITION OF PERSON MAKING**  
**NOMINATION**

(Only one (1) nomination by one (1) nominator per form)

**PLEASE TYPE OR USE BLACK INK**

**If you need additional space, please use the reverse side of this form.**

**SEND TO: Dr. Lin A. Severance, at the District Office.**  
**THIS FORM MUST BE SUBMITTED BY 4:00 P. M. ON FRIDAY, MAY 8, 2020.**  
***E-MAILS AND / OR LATE NOMINATIONS WILL NOT BE CONSIDERED.***

**Thank you for your nomination!**