

STAFF COUNCIL CARE AWARD NOMINATION FORM

The CARE Award (Celebrate Achievement, Reward Excellence) recognizes staff who have demonstrated superior performance, offered outstanding customer service, and performed acts that have enhanced the image of the University.

Nomination Eligibility: An individual nominee must:

- Be a regular employee, appointed at least 50% for at least 6 months

- Be a staff member (non-faculty) at the level of Director or below.
- Nominee cannot be a past CARE Award Winner

INSTRUCTIONS

Please complete this form to submit a nomination, and send via e-mail to: <u>CAREnominations@utdallas.edu</u>

We will only accept one nomination per form, please.

Nomination deadlines are: Spring - March 31, and Fall – October 31.

NOMINEE INFORMATION

Name:

Department:

Phone Extension:

Email:

Mail Stop:

PLEASE NOTE: It is important to complete this form with specific information from your own personal experience with your nominee. The committee's consideration is based almost entirely on the content of the nomination forms. While the number of nominations submitted for an individual has little impact, one nomination detailing examples of a nominee's dedication to UTD and the community can have a great impact on the likelihood of receiving an award. **Nominees are evaluated on criteria that includes: Work Ethic, Reliability, Attitude, Customer Service, Departmental Contributions, and Campus Community Contributions.**

1. How long has the nominee been employed in their department, at UTD overall?

2. How has the nominee enabled the department and/or campus community to operate more efficiently and/or deliver service more effectively?

3. Provide examples of the nominee's reliability, quality of work, initiative, and professionalism.

4. Describe the nominee's behavior toward the people they have contact with. How has the nominee demonstrated leadership in their role?

5. What responsibilities has the nominee assumed in addition to regular job duties (e.g., Staff Council, Corporate Challenge, campus community contributions, etc.)?

6. Other comments about the nominee.

NOMINATOR INFORMATION:

Name:

Phone:

E-mail:

Address or UTD mail station:

Signature:

Date:

Thank you for assisting us in recognizing our outstanding UTD staff members.

Staff Council CARE Award Committee