

Faculty of Health
Employee (Staff) Recognition Awards



Nomination Form
Submission Deadline May 1

Nomination Details

Nominator _____

Title/Unit _____

Nominee _____

Title/Unit _____

Award for which you are nominating this individual/team (only 1 category per nomination form)

- Excellence in Leadership Award
- Healthy Impact Award
- Making a Healthy Difference Award

Why do you believe this staff member should be considered for the award? Please provide specific examples. Please use an added page if necessary.

Signature _____

Date _____