

Y **DISTINGUISHED SERVICE**
AWARD NOMINATION FORM

APAS _____
Excluded Professional/Administrative Staff _____
Excluded Classified Staff _____
Full Time or Part Time _____

Each year the University recognizes contributions of Classified Excluded and Professional/Administrative staff with the conferral of Distinguished Service Awards. (The President, Vice Presidents, Deans, Executive Directors and Faculty are not eligible for consideration.) Nominations may be submitted by YSU faculty, staff, students, or alumni. Professional/Administrative staff awards are based upon "outstanding performance of duties." Classified Excluded Staff awards are based upon "outstanding performance of their duties and/or public/community service."

Submit nominations to benefits@ysu.edu
by 5:00 P.M. JANUARY 31 (or the Friday before if this lands on a weekend).

The following individual is nominated for the Distinguished Service Award:

NAME: _____
TITLE/DEPARTMENT: _____
DATE OF APPOINTMENT AT YSU (if known): _____

JUSTIFICATION FOR NOMINATION: Please cite specific examples of the following:

- An innovative project or University activity that shows excellence in performing job duties beyond what is required
- Contributions to the University beyond the scope of one's position (e.g., University committees, events, or initiatives) or an activity that particularly contributed to the University's mission
- Leadership qualities (e.g., serves as a role model for colleagues, encourages or demonstrates standards of excellence, mentoring, motivation, coaching others, evidence of helping students, clients, or coworkers)
- Development focus (e.g., participates in personal and/or professional development activities, supporting positive change within the department or University)
- Community service or involvement beyond the scope of one's duties at YSU

If additional space is needed, so state and **add UP TO ONE SINGLE-SIDED page.**

NAME OF NOMINATOR: _____ (Please Print) PHONE: _____

YSU AFFILIATION (Check all that apply): FACULTY STAFF STUDENT ALUMNUS

CAMPUS DEPT/EMAIL/MAILING ADDRESS: _____ (Please Print)

SIGNATURE: _____

Date: _____