



RECOGNITION REQUEST FORM

I. Campus / Department Information

Dept / Campus:			
Supervisor:		Phone / e-mail:	
Contact Person:		Phone / e-mail:	

II. Employee Information

Employee Name:		Phone / e-mail:	
Position:	<input type="checkbox"/> Faculty (Program: _____) <input type="checkbox"/> Support <input type="checkbox"/> Management		

III. Reason For Recognition

<p>Awards of Excellence</p> <p><input type="checkbox"/> Faculty Excellence</p> <p><input type="checkbox"/> Support Staff Excellence</p> <p><input type="checkbox"/> Leadership Excellence</p>
<p>Date of Submission: _____</p> <p>In your own words please describe why you are nominating this individual and how this individual has made a difference contributing to the overall success of the College of the North Atlantic (attach three letters of support):</p>

Submit to Associate Vice President of Human Resources