



**College of Staten Island Nomination Form  
Employee Recognition Award Program**

\_\_\_\_\_  
**Employee Name**

\_\_\_\_\_  
**Job Title**

\_\_\_\_\_  
**Department**

\_\_\_\_\_  
**Location**

The Employee Recognition Award Program is designed to acknowledge an employee each month for her/his outstanding contribution to the College of Staten Island. Qualifications for this award include, but are not limited to, an individual’s exceptional job performance, or any exemplary deed of courage, skill or service that supports CSI’s commitment to excellence.

Any employee may nominate candidates using this form.

**Directions:** Check one or more of the appropriate boxes below as it applies to the nominee and include specific details and commentary. Limit to 150 words and attach justification if necessary.

- Outstanding Job Performance**
- Distinguished Deed**
- Creative Contribution**
- Exceeding the Goals of a Project**
- Outstanding Community Relations that enhance the mission of the College**

**Nominator’s Name:** \_\_\_\_\_ **Date (mm/dd/yyyy)**\_\_\_\_\_

**Employee Name:** \_\_\_\_\_

**Office/Department Director/Chair**

Please include your comments below and forward this form to the Dean/Provost/Vice President as appropriate.

**Signature:** \_\_\_\_\_ **Date (mm/dd/yyyy)** \_\_\_\_\_

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**Dean (For academic departments)**

Your approval is required and your comments are requested below. Please forward this form to the Provost.

**Nomination:**            **Approved**            **Disapproved**

**Signature:** \_\_\_\_\_ **Date (mm/dd/yyyy)** \_\_\_\_\_

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**Provost/Vice President**

Your approval is required and your comments are requested below. Please return this form to the Director of Human Resources.

**Nomination:**            **Approved**            **Disapproved**

**Signature:** \_\_\_\_\_ **Date (mm/dd/yyyy)** \_\_\_\_\_