

# CWEA NOMINATION FORM

## Laboratory Person of the Year

**Nominator:**

Name:

Agency:

Address:

City, Zip Code:

Work Phone:

Fax:

Email Address:

Local Section:

**Nominee:**

Name:

Agency:

Address:

City, Zip Code:

Work Phone:

Fax:

Email Address:

Local Section:

**Checklist of Awards Criteria:** You must include and/or address all of the following to be eligible for the award.

1. CWEA Membership (nominee must be a member)
2. Nominee must be, or have been, employed in laboratory where the principal activity is waste water analysis.
3. Submit four copies of the nomination packet.
4. Highly desirable: a record of service to CWEA and /or one of its Local Sections
5. CWEA Laboratory Analyst Certification

Note: Lab Supervisors are not eligible for this award.

**Instructions:**

1. Applicants must use the attached form. Other formats will not be accepted.
2. Submitted materials will not be returned.
3. A single nomination for each category of this award may be submitted by each Local Section on behalf of their Local Section winner and CWEA Standing Committee (other than Laboratory).
4. The CWEA Laboratory Awards are coordinated by the CWEA Laboratory Committee.
5. The committee will evaluate all nominees for this award.
6. All award nominees will be notified of their status prior to the CWEA Annual Conference.
7. Send State Award Nominations to CWEA Awards program, 7677 Oakport Street, Suite 600, Oakland, CA 94621. Applications may be sent by email to [ldvorak@cwea.org](mailto:ldvorak@cwea.org). Applications must be attached as .pdf only.
8. **All state awards must be received by FRIDAY JANUARY 13, 2012. Postmarks will not be accepted.**

Questions: Contact Cassie Prudhel, Laboratory Awards Chair. Phone: (650) 829-3840; Email: [cassie.prudhel@ssf.net](mailto:cassie.prudhel@ssf.net)

TO BE COMPLETED BY **NOMINATOR**

I. NOMINEE:

A. Name of Nominee:

Job Title:

Years in position:

Employer:

Supervisor:

B. Local Section Member:  Yes  No Years:

CWEA Laboratory Analyst Certification:  Yes  No Grade: \_\_\_\_\_

CWEA Member (Required):  Yes  No Years: \_\_\_\_\_

WEF Member:  Yes  No Years: \_\_\_\_\_

Other Memberships (AWWA, etc.) Please list: \_\_\_\_\_

C. List previous awards:

\_\_\_\_\_

II. SUGGESTED AWARD CRITERIA:

NOTE: Attach additional information if needed.

A. Describe nominee's job; include his/her functions and relationship to other employees.

\_\_\_\_\_

B. What has this nominee done to improve the functioning of the work group?

\_\_\_\_\_

C. How has the nominee been active at the Local Section?

\_\_\_\_\_

D. How has the nominee been active at the State (CWEA or other) level?

\_\_\_\_\_

E. What professional accomplishments has the nominee achieved related to this award (i.e., publication, presentations, etc.)?

\_\_\_\_\_

F. List any relevant educational background and other training classes.

\_\_\_\_\_

G. List any relevant past work experience.

\_\_\_\_\_

H. Any other comments relating to this person's nomination?

\_\_\_\_\_

## LABORATORY PERSON OF THE YEAR SCORE SHEET

**NOMINEE'S NAME:** \_\_\_\_\_

Years in Position	1	2	3	4	5	6	7	8	9
Lab. Certification	1	2	3	4	5	6	7	8	9
Professional Mem.	1	2	3	4	5	6	7	8	9
Job Functions/ Relationship to Other Employees	1	2	3	4	5	6	7	8	9
Improvement to Work Group Function	1	2	3	4	5	6	7	8	9
CWEA Local Activity	1	2	3	4	5	6	7	8	9
CWEA State Activity	1	2	3	4	5	6	7	8	9
Professional Accomplishments	1	2	3	4	5	6	7	8	9
Educational & Training Classes	1	2	3	4	5	6	7	8	9
Relevant Past Work Experience	1	2	3	4	5	6	7	8	9
Nomination Summary	1	2	3	4	5	6	7	8	9

TOTAL POINTS

TOTAL POSSIBLE      99

%

Rated by : \_\_\_\_\_ Date : \_\_\_\_\_