

2009 SARBS NOMINATION FORM Laboratory Person of the Year

The nomination form for the SARBS 2009 Laboratory Person of the Year is the same as the form used at the state level by the CWEA. This nomination form is found on the following pages.

The criteria for winning the SARBS award is the same as winning the state level (CWEA) award. See the following pages.

Instructions for applying for a SARBS award:

1. Applicants must use the attached form, other formats will not be accepted. Applicants must answer all questions that follow. Submitted materials will not be returned. USE THE ATTACHED FORM EVEN THOUGH THE FORM TITLE STATES 'CWEA 2009 NOMINATION FORM'
2. Send completed awards nomination form to

South Orange County Wastewater Authority
34156 Del Obispo Street
Dana Point, CA 92629
Attention: Brian Peck

E-mails and faxes will not be accepted.
3. Send six copies of the completed nomination form.
4. The nominator will be notified that the nomination form has been received.
5. All nominations must be received or postmarked by November 13, 2009.
6. Nominees will be contacted regarding interviews by November 25, 2009.
7. SARBS will send the application for the successful nominee (SARBS Award Winner) to the CWEA for consideration in the state level competition.
8. For questions contact Brian Peck at bpeck@socwa.com.

GOOD LUCK!

CWEA 2009 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

Instructions:

9. Applicants must use the attached form. Other formats will not be accepted.
 10. Submitted materials will not be returned.
 11. 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).
 12. The CWEA Laboratory Awards are coordinated by the CWEA Laboratory Committee.
 13. The committee will evaluate all nominees for this award.
 14. All award nominees will be notified of their status prior to the CWEA Annual Conference.
 15. Send State Award Nominations to CWEA Awards program, 7677 Oakport Street, Suite 600, Oakland, CA 94621. Emails will not be accepted.
 16. **All state awards must be received by FRIDAY JANUARY 8, 2010. Postmarks will not be accepted.**
- Questions: Contact Cassie Prudhel, Laboratory Awards Chair. Phone: (650) 829-3840; Email: 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 : _____