

Classified School Employees of the Year Program
Nominee Information

Nominee Category

- | | | |
|---|--|---|
| <input type="checkbox"/> Child Nutrition | <input type="checkbox"/> Maintenance, Operations, and Facilities | <input type="checkbox"/> Office and Technical |
| <input type="checkbox"/> Para-Educator and Instructional Assistance | <input type="checkbox"/> Support Services and Security | <input type="checkbox"/> Transportation |

Nominee Information

- Mr. Ms. Mrs. Dr.

Nominee Name

Title

Work Site Name

Work Site Mailing Address

Work City and Zip Code

Work Area Code and Phone Number

Work E-mail Address

Years in Current Position

School District Name

County Name

Supervisor's Name

Supervisor's Title

Supervisor's E-mail Address

Supervisor's Area Code and Phone Number

Nominee Certification

I certify that the content of this application is complete and accurate. I give my permission for the California Department of Education to share all or any part of this application with persons interested in promoting the Classified School Employees of the Year Program.

Nominee's Signature

Date