**Nomination for Awards**

Applications need to be submitted by 1-October for the previous fiscal year 7/1 – 6/30. Awards will be presented at the WACLEA Fall Conference Awards Banquet. Mark one and submit a form for each nomination, please.

Note: \* Indicates required information

**\_\_\_\_\_ Officer of the Year Information:**

• Name (full name and salutation/official title) \*  
• Department \*   
• Email \*   
• Phone (home/cell) \*   
• Fax Number

**\_\_\_\_\_ Administrator of the Year Information:**

• Name (full name and salutation/official title) \*  
• Department \*  
• Address \*   
• Email \*   
• Phone (home/cell) \*   
• Fax Number

**\_\_\_\_\_ Department of the Year Information:**

• Name of Department \*  
• Name of Department Administrator (full name and salutation/official title) \*  
• Address \*   
• Email \*   
• Phone \*   
• Fax Number

**Nominator Information:**

• Appointing Agency (name of appointing authority/submitting agency) \*   
• Recommending Official (Note: this is the appointing authority/agency head) \*   
• Address (agency complete address) \*   
• Email \*   
• Telephone Number (administrative office) \*   
• Fax Number Event Information:   
• City, County, or Township \*   
• State/Provence \*   
• Summary of why the nomination is warranted (as much detail as possible) \*