**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) \*