



**Washington State Association of Student Employment Administrators**

*Collectively addressing post-secondary student employment issues since 1979*

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**Student Employee of the Year  
Nomination Form**

**Student Employee Information:**

Employing Organization: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Job Title: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Class Level: \_\_\_\_\_

**Nominator Information:**

Nominator Name: \_\_\_\_\_

Title: \_\_\_\_\_ Organization: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please describe the accomplishments of the nominee in the areas below that you feel qualifies the employee to be considered for the Student Employee of the Year award. Give specific examples of the nominee's achievements and contributions that influenced your nomination.

- Reliability
- Initiative
- Uniqueness of Contribution
- Quality of Work
- Professionalism
- Community and Campus Service