

WSASEA

Washington State Association of Student Employment Administrators

Collectively addressing post-secondary student employment issues since 1979

<http://www.wsasea.org>

Student Employee of the Year Nomination Form

Academic Institution: _____

Student Nominee: _____

Telephone Number: _____

Local Address: _____

City _____ State _____ Zip _____

Permanent Address: _____

City _____ State _____ Zip _____

Nominee's Job Title _____

Nominee's Job Description: _____

Length of Employment: _____

Please describe the accomplishments of the nominee that you feel qualifies to be considered for the Student Employee of the Year award. Cite specific examples of the nominee's achievements and contributions that influenced your nomination. Please comment on the following qualities where appropriate:

- reliability
- initiative
- longevity
- quality of work
- disposition/attitude
- adaptability
- uniqueness of contribution

Limit your narrative to a maximum of 500 words.

Name of Nominator _____

Campus Department _____ Date _____

Return this form and narrative to your campus student employment coordinator.