

# **WSSA NOMINATION FORM**

- Distinguished Service Award
- Gayl Farris Outstanding Clerical Award
- Membership Liaison Award
- Rookie of the Year Award
- Human Services Award
- Economic Support Award
- Honorary Life Membership - Date Regular Membership ends \_\_\_\_\_

*(Please complete to the best of your knowledge)*

## **PERSONAL DATA**

Name of Nominee \_\_\_\_\_

Home Address and Phone Number \_\_\_\_\_

## **WSSA AFFILIATION**

Member:      Yes \_\_\_\_\_                  No \_\_\_\_\_                  Number of Years \_\_\_\_\_

Positions or offices held and years \_\_\_\_\_

## **EMPLOYMENT HISTORY**

Present position and title \_\_\_\_\_

Agency Name, Address and Phone Number \_\_\_\_\_

Years in present position \_\_\_\_\_                  Years at Agency \_\_\_\_\_

Past positions \_\_\_\_\_

## **EDUCATION AND/OR TRAINING**                  (Optional)

**OTHER AWARDS OR RECOGNITIONS**      (letters of commendation from other offices and agencies may be

