

# 2019 Classified School Employee of the Year Program

## Nominee Information

### Nominee Category

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Child Nutrition                               | <input type="checkbox"/> Maintenance, Operations,<br>and Facilities | <input type="checkbox"/> Office and Technical |
| <input type="checkbox"/> Para-Educator and<br>Instructional Assistance | <input type="checkbox"/> Support Services and Security              | <input type="checkbox"/> Transportation       |

### Nominee Information

- Mr.     Ms.     Mrs.     Dr.

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Work Site Name

\_\_\_\_\_  
Work Site Mailing Address

\_\_\_\_\_  
Work City and Zip Code

\_\_\_\_\_  
Work E-mail Address

\_\_\_\_\_  
Work Area Code and Phone Number

\_\_\_\_\_  
Cell Area Code and Phone Number

\_\_\_\_\_  
Years in Current Position

\_\_\_\_\_  
School District Name

\_\_\_\_\_  
County Name

\_\_\_\_\_  
Supervisor's Name

\_\_\_\_\_  
Supervisor's Title

\_\_\_\_\_  
Supervisor's E-mail Address

\_\_\_\_\_  
Supervisor's Area Code and Phone Number

### Nominee Certification

*I certify that the content of this application is complete and accurate. I give my permission for the California Department of Education to share all or any part of this application with persons interested in promoting the Classified School Employee of the Year program.*

\_\_\_\_\_  
Nominee's Signature

\_\_\_\_\_  
Date