



Outstanding Service Retirement Award

Nomination Form

Please type or print legibly. To type into this form you may click in the highlighted fields, type your information, and print the completed form for mailing. Be sure to print before exiting the form in case you have trouble saving changes you make to this PDF form.

Nomination Information (to be completed by nominator)

NOMINEE

Name of Nominee

Address Line 1

Address Line 2 (if any)

City, State, Zip

Phone

Region

Primary Email

Alternate Email

NOMINATOR

Name of nominator

Address Line 1

Address Line 2

City, State, Zip

Phone

Primary Email

Alternate Email

Checklist of Requirements (to be completed by Awards Chair)

- | | |
|--|--|
| <input type="checkbox"/> Membership for at least 15 years EXP DATE _____ | <input type="checkbox"/> All materials submitted to State Awards Chair by May 1 (contact information available at www.nysata.org/awards) |
| <input type="checkbox"/> Completed nomination form | <input type="checkbox"/> Materials incomplete |
| <input type="checkbox"/> Letter from nominator with rationale for nomination | <input type="checkbox"/> Materials complete |
| <input type="checkbox"/> Two additional letters of recommendation | |
| <input type="checkbox"/> NYSATA Standardized Vita completed | |

Reviewed by _____

Date: _____