

Originally Issued: June 15, 2021

Reviewed: January 11, 2023

Revised: June 3 2024

***Excellence in Innovation* Award**

**Nomination Form**

***For use only by the person nominating an employee for the Excellence in Innovation Award***

**Nominating Person:** Click here to enter text. **Nominating Person Title:** Click here to enter text.

**Nominee Name:** Click here to enter text. **Nominee Title/Position:** Click here to enter text.

**College/Dept/Area:** Click here to enter text. **Date of Nomination:** Click here to enter text.

**Verification of eligibility completed (All areas are required):**

[ ]  Full-time faculty or staff member during the nomination year;

[ ]  Employed in their current position for at least one (1) year;

[ ]  Have met expectations in all areas of work (supervisor approval);

[ ]  Not have been an Innovation Award recipient in the past two years;

[ ]  Not be a recipient of a Presidential Award the same year.

**Reasons for Nomination: Describe and evaluate the nominee’s exemplary and innovative contributions which have reimagined/imagined and deployed new approaches that deliver our programs/related services leading to exceptional, high impact results that elevate the Athens State University Mission, Vision, and Strategic Plan.** *[Please Note: As the focus of the award is upon recognizing monumental and exceptional efforts and results, general good work is not sufficient for the award.*

Click or tap here to enter text.

*\*In addition to this form, attach supporting documentation as prescribed in the policy guidelines.*

**Nominator Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nominee Supervisor Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**