

**St. Cloud State University
2009 NOMINATION FORM
Student Employee of the Year**

Student's Name _____ ID _____

Permanent Address _____ Local Address _____

Phone _____ Phone _____

Nominee's Job Title and Job Description _____

How long has nominee been employed in the position _____

Please describe the accomplishments of the nominee that you feel qualify him/her to be considered for the award of Student Employee of the Year. Please keep the following in mind: *reliability; quality of work; initiative; professionalism and uniqueness of contribution.* (Please use additional paper as needed.)

Name of Nominator _____

Department _____

Signature (may be typed) _____ Date _____

Nominations must be received by: February 16, 2009

Please go green this year and email completed nominations to seoty@stcloudstate.edu

If you are unable to email your nomination, please contact Simon Bauer at:
St. Cloud State University
AS 106 – Office of Scholarships and Financial Aid
720 Fourth Ave N, St. Cloud MN 56301
(320) 308-2047
(320) 308-5424 FAX