

Utah Association of Educational Office Professionals

Nomination Form
for
2009 UAEOP Administrator of the Year



PLEASE READ CAREFULLY AND FOLLOW THE GUIDELINES

Nomination form must be postmarked by **October 31, 2009** and mailed to Charlotte Graham, UAEOP Awards Chairman, East Midvale Elementary, 6990 South 300 East, Midvale UT 84047.

1. Candidates may be nominated individually or as a representative from an individual school district.
2. Two (2) copies of the application and three (3) letters of recommendations must be submitted. Applications or accompanying materials will not be returned.
3. All candidates and the sponsoring individual association/school district will be notified immediately after the judges' decision.
4. The recipient will be honored at the annual UAEOP Conference to be held:

Location: Red Cliffs Lodge, Moab UT

Date: March 13, 2010

Eligibility

1. Candidates must currently be employed as an educational administrator.
2. Candidates must have been employed as an educational administrator for five (5) years.

Criteria for Judging

1. Recommendation from sponsoring association/school district	15%
2. Experience in educational field	20%
3. Educational (academic) background.....	10%
4. Membership/leadership responsibility in professional associations.....	5%
5. Personal contributions and achievement in education	10%
6. Local/state/national awards received relative to work in education.....	5%
7. Support of educational office professionals.....	15%
8. Letters of recommendation (maximum of three [3]).....	20%

Note: If you have any questions, please contact Charlotte Graham, Awards Chairman, at 801.565.7450 (wk).

(If needed, use additional pages in same format.)

2009 UAEOP Administrator of the Year Nomination Form
Form A, Page 1 of 1
(To be completed by sponsoring association/school district)

Name of Candidate _____

Address _____
Street City State Zip

Telephone (home) _____ (work) _____

Employer _____ Location _____
(School, College, Other Educational Office) (School, Department, etc.)

Position _____

Immediate Supervisor (if applicable) _____

Basis for Selection of Nominee:

Support of Educational Office Professionals:

Local:

State:

National:

Name of Sponsoring Association/Individual _____

Address of President/Individual _____

Telephone of President/Individual (home) _____ (work) _____

Signature of President/Individual _____ Date _____

2009 UAEOP Administrator of the Year Nomination Form
Form B, Page 1 of 1
(to be completed by nominee, if possible)

Name _____

Position Held _____ Number of Years _____

<u>Educational Positions Held</u>	<u>Place of Employment</u>	<u>Years</u>
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<u>Educational Background</u>	<u>Degree</u>	<u>Year</u>
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Membership/Leadership Responsibility in Professional Associations

Name of Organization	Years	Office/Committees	Years
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Personal Contributions and Achievements in Education

Local/State/National Awards Received Relative to Work in Education

Signature of Nominee _____ Date _____