

**WESTERN NEW YORK EDUCATIONAL SERVICE COUNCIL**

**AWARDS FOR EXCELLENCE  
NOMINATION FORM**

**SUPPORT STAFF  
Non-Instructional Personnel**

Name of Nominee \_\_\_\_\_ District \_\_\_\_\_

Job Title \_\_\_\_\_ Assignment \_\_\_\_\_

Total Number of Years of Service \_\_\_\_\_

Major Job Responsibilities \_\_\_\_\_

Prior Awards and Recognitions \_\_\_\_\_

Please include the following with the nomination form:

- \* Your rationale for nominating this person for the WNYESC Award for Excellence in Support Staff Service (see attached guidelines)
- \* Any additional supporting documentation

Superintendent's Signature \_\_\_\_\_

**Nominations must be submitted to WNYESC by February 23, 2018**

WNYESC

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