*Classified School Employees of the Year Program*

**Nominee Information**

**Nominee Category**

 [ ]  Child Nutrition [ ]  Maintenance, Operations, and Facilities [ ]  Office and Technical

 [ ]  Para-Educator and [ ]  Support Services and Security [ ]  Transportation

 Instructional Assistance

 [ ]  Supervisor/Manager

**Nominee Information**

 [ ]  Mr. [ ]  Ms. [ ]  Mrs. [ ]  Dr.

 Nominee Name Title

 Work Site Name Work Site Mailing Address

 Work City and Zip Code Work Area Code and Phone Number

 Work E-mail Address Years in Current Position

 School District Name County Name

 Supervisor’s Name Supervisor’s Title

 Supervisor’s E-mail Address Supervisor’s Area Code and Phone Number

**Nominee Certification**

 *I certify that the content of this application is complete and accurate. I give my permission for the California*

 *Department of Education to share all or any part of this application with persons interested in promoting*

 *the Classified School Employees of the Year Program.*

 Nominee’s Signature Date

California Department of Education