*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