The College of Medicine "Lura Hanekamp” Award of Excellence

Criteria:

Nominations need not address all categories listed and may include others. Because these awards include a COM-funded monetary award, they must be based on achievements in activities beyond normal duties. Judges will be looking for examples of actions that surpass simply meritorious performance by the Nominee in his/her job. Nominations need not address all categories listed and may include others.

OUTSTANDING ACHIEVEMENT IN THE WORKPLACE — actions that constitute performance beyond expected standards.

EXCEPTIONAL CONTRIBUTIONS TOWARD EFFICIENCY AND EFFECTIVENESS OF OPERATIONS — actions that contribute to the maximum utilization of universal resources.

OUTSTANDING SERVICE TO THE UNIVERSITY COMMUNITY AND/OR VISITORS — actions that are especially helpful or make a good impression on others.

SPECIAL EFFORTS IN PROMOTING WORKFORCE DIVERSITY — actions that contribute to improving sensitivity to and implementation of diversity.

To nominate someone, please complete the nomination form and enclose at least 3 but no more than 5 letters of support.

COMSAC
1501 North Campbell Avenue, PO Box 245017, Tucson, Arizona 85724
Employee Recognition Representatives:
Hildi Williams (626-3691) or Jose Solorzano (626-2738)
24th Annual Employee Recognition Awards Ceremony  
College of Medicine -"Lura Hanekamp” Staff Award of Excellence  
DuVal Auditorium  
2:00 PM to 4:00 PM on Wednesday, May 6, 2015

**NOMINATION FORM**

*Fill out this form and provide at least three letters of support which describe the nominated staff member's outstanding achievement. Sample statements of support are available at the COMSAC website, [http://www.comsac.medicine.arizona.edu/](http://www.comsac.medicine.arizona.edu/). Please be specific in the ways the nominee has exceeded their required job duties.*

Pay Grade: *please check one*
- __1-31__
- __32-40+__
- __Research / Appointed Personnel__

Nominee's name: ____________________________________________________________

Department: ___________________________ Job Title: ______________________________

Phone Number of Nominee: __________________________________________________

Mailing Address of Nominee: ________________________________________________

List Position held, length of time and department: _______________________________
- _______________________________________________________________________
- _______________________________________________________________________
- _______________________________________________________________________

Supervisor's Name: ___________________________ Supervisor's Phone Number: ______

Supervisor's E-mail address: ________________________________________________

Nominator's name: ________________________ Nominator's Department: ______________

Nominator's Phone: ________________________ Nominator's E-mail: ________________

In what capacity have you (the nominator) known the nominee? ______________________
- _______________________________________________________________________
- _______________________________________________________________________
- _______________________________________________________________________

Nominator's signature: ______________________________________________________

**NOMINATION DEADLINE:** FRIDAY, APRIL 10, 2015

Mail or Deliver to: COM Dean's Office, PO Box 245017 (COM Administration Lobby)
Questions: Hildi Williams (626-3691) or Jose Solorzano (626-2738)