

2018 NYSUT Constituency Awards Nomination Information

Categories

- ☐ Health Care Professionals Member of the Year
- ☐ Higher Education Member of the Year
- ☐ Retiree Member of the Year
- ☐ School-Related Professionals Member of the Year

About the awards

These constituency award programs were adopted by the NYSUT Board of Directors to provide a means by which NYSUT can recognize the outstanding contributions made by our members.

The selected award recipients will be recognized at the annual NYSUT Representative Assembly and become part of a permanent display at NYSUT Headquarters.

Nomination procedure

Each local, or chapter within a local, or retiree council is invited to submit one nomination for an award following the criteria given. The signature of the president of the local, council or chapter must appear on the completed form.

Nominations should be submitted using the form included. Return the completed form **postmarked by Dec. 15, 2017.**

Please comment, at least briefly, on the following page on each of the criteria listed below. Please be as specific as possible regarding accomplishments and include dates. Incomplete forms will not be considered.

Employees of NYSUT are ineligible.

Criteria

1. Nominee is a member in good standing of a NYSUT affiliate.
2. Nominee is actively involved in his/her local, chapter and/or retiree council.
3. Nominee has demonstrated excellence in his/her field.
4. Nominee promotes a positive image for constituency's goals of quality and access.
5. Nominee exhibits a continuing commitment toward the goals of NYSUT, NEA and AFT.
6. Nominee participates regularly in union activities and displays an advocacy for union issues.
7. Nominee promotes a cooperative work environment.

2018 NYSUT Constituency Awards Nomination Form

Send all nominations, postmarked by Dec. 15, 2017, to:

NYSUT
Program Services
800 Troy-Schenectady Road
Latham, NY 12110

✓ Check Nominee Constituency Category

- ☐ Health Care Professionals Member of the Year
- ☐ Higher Education Member of the Year
- ☐ Retiree Member of the Year
- ☐ School-Related Professionals Member of the Year

Please print or type.
Additional forms are available
online at www.nysut.org/ra.

Name of individual being nominated: _____
Local or Retiree Council name: _____ Local #: _____
Years of service: _____
In-service or retired: _____
Occupation/job title: _____
Union position (member, building rep., officer, etc.): _____
Phone (home): _____ Phone (work): _____
Personal email: _____ Phone (cell): _____
Home address: _____

Reasons why this nominee should be recognized: *(Please include information that addresses each of the criteria previously listed, and give specific examples, such as: accomplishments, special attributes, service to local or council, service to NYSUT, committee involvement, outstanding qualities and achievements. Additional pages may be used.) Typewritten preferred.*

Name of person submitting nomination: _____
Address: _____

Local or Retiree Council name: _____ Local #: _____
Union position/office held: _____
Phone (home): _____ Phone (daytime): _____

Nomination Approval

This nomination was approved for submission by the _____
(Name of governing body)
on _____ Signed: _____
(Date) (President's name)