Nomination for Improving Our Workplace Award (IOWA)

► Nominator (name of person completing this form)	Date
Department	Campus Address
Phone	_ E-Mail
► Nominee—Individual or Team to be recognized. (IF T EACH TEAM MEMBER'S NAME, DEPARTMENT, CAMPUS AD CAMPUS ADDRESS.)	·
Name of Nominee	
Department	Campus Address
Departmental function or role	
Supervisor of Nominee or Team Sponsor (name) _	
Supervisor or Team Sponsor Signature (mandate	ory)
Department	Campus Address
Phone	_ E-Mail
Please check all appropriate boxes for this nomination:	
 Level of impact of nominationEffort resulted in the impact of nominationEffort resulted interdepartment interdepartmental campus-wide 	ed in enduring changes at this level:
 Area of ChangeNominated effort contribute Community building and collaboration Cost-saving Customer satisfaction (students, clients, p Development, preservation, or dissemina Enhancing the student or patient experier Healthy working relationships and a supp 	patients, employees, taxpayers, and parents) tions of knowledge nce

- Outreach to community and state
 - Process improvement
- Project development (results not presently known)
- Safety
- Staff development through mentoring
- Stewardship of University resources
- Other _____

Many thanks to our sponsors.





3. Description: Please describe the effort.

> What improvement was needed?

> What was implemented?

What positive, long-lasting results has this effort contributed to in the workplace? Results could be described as financials, number of people served, survey results, services provided, etc. Be as specific as possible in describing the impact of the effort you are nominating.

Print and send completed form to: Nancy Noyer

UI WorkLife 121-50 USB

Awards will be sent to the supervisor of the awardee within 6 weeks for presentation in their area.

Questions? Call 335-0560 or email <u>nancy-noyer@uiowa.edu</u>

Nomination deadlines are November 1 and March 15.