

## 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 THIS IS TEAM NOMINATION, PLEASE ATTACH A LIST WITH EACH TEAM MEMBER'S NAME, DEPARTMENT, CAMPUS ADDRESS, AND SUPERVISOR'S NAME, DEPARTMENT, AND CAMPUS ADDRESS.)

Name of Nominee \_\_\_\_\_

Department \_\_\_\_\_ Campus Address \_\_\_\_\_

Departmental function or role \_\_\_\_\_

► **Supervisor of Nominee or Team Sponsor** (name) \_\_\_\_\_

Supervisor or Team Sponsor Signature (mandatory) \_\_\_\_\_

Department \_\_\_\_\_ Campus Address \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Please check **all** appropriate boxes for this nomination:

1. **Level of impact of nomination**--Effort resulted in enduring changes at this level:

- unit
- department
- interdepartmental
- campus-wide

2. **Area of Change**--Nominated effort contributed to positive, long-lasting results in:

- Community building and collaboration
- Cost-saving
- Customer satisfaction (students, clients, patients, employees, taxpayers, and parents)
- Development, preservation, or disseminations of knowledge
- Enhancing the student or patient experience
- Healthy working relationships and a supportive environment
- 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.*



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