



Nomination Form

OCM BOCES Employee Recognition Luncheon

Information about Nominees:

Name: _____ Position: _____

Name: _____ Position: _____

Name: _____ Position: _____

Program: _____ Site: _____

Department: _____

Please circle the goals and/or target area(s) in which this individual or team has shown exceptional leadership (see attachment).

Please describe why you are nominating this individual or team to be honored at the OCM BOCES Employee Recognition Luncheon. How has this individual demonstrated leadership in helping us achieve our Board approved goals for this school year? If you need more space for comments, please attach them to this document.

Your Name: _____ Phone: _____

Please submit to _____ by _____

The Employee Recognition Luncheon will be held on a date to be announced at a location to be determined.