GREAT PEOPLE NOMINATION FORM

Please provide the information below for the individual you are nominating:

Nominee Name: ____________________________________________
Department/ORU: __________________________________________
Job Title: _________________________________________________
Nominee’s Supervisor: _______________________________________
Nominee’s Work Phone: ______________________________________
Nominee’s Work Location: ___________________________________
Nominee’s email address: ____________________________________

Why should this employee receive the Great People Award? Please briefly describe how the individual meets one or more of the selection criteria; please be sure to offer examples.

Please provide information about yourself:
Your Name: _________________________________________________
Department/ORU: __________________________________________
Your Work Phone: __________________________________________
Your email address: _________________________________________
Relationship to Nominee: ___________________________________

TO SUBMIT THIS NOMINATION: email a pdf of this completed form to GreatPeople@medsch.ucsf.edu or fax this form to (415) 476-0689. Receipt will be acknowledged. Thank you for submitting this Nomination Form and your interest in the Great People Program.
Rev: March 2014