The Chancellor’s Exempt Staff Award (CESA) at University of Tennessee Health Science Center (UTHSC) is presented annually to recognize an employee who has demonstrated outstanding service and/or who has made significant contributions to the University community beyond that normally expected for their positions. All non-faculty exempt staff of UT Health Science Center (all locations) are eligible to be nominated for this award, provided the nominee(s) have served a minimum of three (3) years prior to the nomination and have not previously received this award. Nominations may come from alumni, faculty, staff, students, and other members of the HSC community.

Each nomination must be supported by a minimum of three (3) nominators, (including the contact person). The contact person is encouraged to elicit a maximum of three (3) letters of support from individuals/sources who can speak to the nominee’s candidacy for this award. The nominee’s manager/supervisor must be included as either a nominator or a signatory on a letter of support. Letters of support can have numerous signatures. The Committee members will only be provided with copies of the nomination form and three letters of support.

The completed nomination form must be submitted to Human Resources no later than August 29, 2014 at 5:00 p.m. You are encouraged to refer to the Employee Relations website for more information concerning CESA.

Name of nominee: _________________________________________________________________

Department: ___________________________________________________________________

Position/Title: __________________________________________________________________

Phone #/Email: __________________________________________________________________

CONTACT PERSON

Nominated by: __________________________________________________________________

Department: ___________________________________________________________________

Position/Title: __________________________________________________________________

Phone #/Email: __________________________________________________________________

__________________________________________________________

Nominated By: __________________________________________________________________

Department: ___________________________________________________________________

Position/Title: __________________________________________________________________

Phone #/Email: __________________________________________________________________
Describe the individual or team’s contribution, whether it is a single or a continuing contribution in any one or more of the criteria listed below. Demonstrate in 750 words or less how the nominee excelled in this area.

**Nomination Criteria:**

Specifically, the award will be based on evidence of continued excellence, in excess of the required level of performance in any one or more of the following areas:

- Providing excellent service to staff, faculty, students, alumni or visitors.
- Enhancing the quality of life for students, employees or visitors.
- Developing new programs and services or making significant improvement to existing programs or services.
- Advancing the reputation of the UT Health Science Center internally, locally, regionally, nationally, and/or internationally.

**Declaration:**

If this submission is successful in receiving an award I am willing to allow the nominee the opportunity to receive the full nomination submission. Please mark your choice in the box below.

____ Yes

____ No

Signed by,

__________________________

Contact Person:          Date: