

Paulding County School District 2020 School Employee of the Year Program  
Nominee Recommendation Form

Nominee Category: please check one below

☐ School Nutrition

☐ School Instructional Support

☐ District Support Services

☐ Maintenance, Operations, Custodial Services and Facilities

☐ Transportation

☐ School Leadership

☐ School Support Services

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Work Location

\_\_\_\_\_  
Relationship to the nominee

\_\_\_\_\_  
Recommender's Name

\_\_\_\_\_  
Recommender's Phone Number

\_\_\_\_\_  
Recommender's Email Address (optional)

\_\_\_\_\_  
Best time to call Recommender (if needed)

**Please write a paragraph on each of the following Qualities and Performance (Additional pages can be used, if needed)**

Work Performance

School Community Involvement

Leadership and Commitment

I certify that the content of this nomination form is complete and accurate to the best of my ability.

\_\_\_\_\_  
Nominee's Signature

\_\_\_\_\_  
Date