

JF INGRAM STATE TECHNICAL COLLEGE

(TEAM NOMINATION FORM)

TERM: FALL - SPRING - SUMMER (CIRCLE ONE) YEAR: _____

Provide the information requested below.

Team Members'

Names:

Category:

- | | | | |
|--------------------------|----------------------|--------------------------|---------------------|
| <input type="checkbox"/> | Academic Instructor | <input type="checkbox"/> | Special Ed Services |
| <input type="checkbox"/> | Administrator | <input type="checkbox"/> | Support Staff |
| <input type="checkbox"/> | Technical Instructor | | |

Name of Nominator:

Nominator Email:

Phone:

List below how the individual demonstrates exemplary performance for the specified term (i.e., outstanding work performance, positive contributions to the College and/or community, leadership/teamwork, etc.) Please use this sheet or others for your response.