**UNIVERSITY OF CAPE COAST**

**DIRECTORATE OF HUMAN RESOURCE**

**STAFF REWARD AND RECOGNITION NOMINATION FORM**

**NOMINEE (AWARDEE)**

NAME OF NOMINEE:………………………………………………………………………………………………………...

RANK:…………………………………………………………………………………….................................

COLLEGE/FACULTY/SCHOOL/SECTION/DEPT.………………………….……………………………………...…………………..……………………………………………………………………………………………………………………

NOMINEE’S TELEPHONE No.:……………………………………………….................................

E-MAIL ………………………………………………………………………………….................................

**NOMINATOR**

NAME:…………………………………………………………………………………………………………………………......

RANK:……………………………………………………………………………………………………………………………...

COLLEGE/FACULTY/SCHOOL/SECTION/DEPT…………………………………………………………………………………………………………………………………………………………………………………………………………..

DATE OF NOMINATION:…………………………………………………………………………………………………

NOMINATOR’S TELEPHONE No.:…….…………………………………………………………………………………

E-MAIL:………………………………………………………………………………..………………………………………….

AREA OF AWARD: ……………………………………………………………………………………………………………

Describe below why your nominee should be considered. (Please include date, time, location of event, etc.) **Please write on additional sheet if need be.**