PATRICIA S. SIEBRASSE ADMINISTRATIVE PROFESSIONALS
AWARD FOR EXCELLENCE
2019 NOMINATION FORM

How to nominate an employee for this award

1. Complete the Nomination Form below.
2. Provide a letter of nomination based on the following criteria:
   - A minimum of 15 consecutive years of service as an administrative professional at NIU
   - Continued commitment to the Administrative Professional field
   - Operational efficiency within their organization or department
   - Meaningful contributions to Northern Illinois University
   - Current employee as of the nomination deadline date
3. Solicit ONE additional letter supporting the nomination. Current or retired NIU employees are eligible to write a letter of support. Letters do not have to come from faculty members. Among the letters submitted, be sure ALL nomination criteria listed above are addressed. Be specific and give examples. You are encouraged to ask your nominee to supply further information if needed. Additional letters will not be reviewed.
4. The nomination package containing this nomination form, one nomination letter and one letter of support must be received no later than Friday, March 22, 2019, at 4:30 p.m. via email APAC@niu.edu, pkee@niu.edu, or campus mail.

Address nomination package to: P. Kee, LEPF Department, GH 223, RE: Pat Siebrasse Award

Additional Information
- The nomination form, the nomination letter, and the letter of support should be typed.
- Incomplete nomination packages will not be considered.

**NOMINEE**

Name: ........................................................................................................................................
Department: ...............................................................................................................................
Classification: .............................................................................................................................

**NOMINATED BY**

Name: ........................................................................................................................................
Department: ...............................................................................................................................
Title: ...........................................................................................................................................
Phone/E-mail: ............................................................................................................................

**LETTER OF SUPPORT PROVIDED BY**

Name: ........................................................................................................................................
Department: ...............................................................................................................................

Office use only: Verify Eligibility: _______ Total Years of Service in AP Classification: _______