

WSSA NOMINATION FORM

ociation vw.wssa.ws		Distinguished Service Award Gayl Farris Outstanding Clerical Award Membership Liaison Award Rookie of the Year Award Human Services Award Economic Support Award Honorary Life Membership - Date Regular Membership ends	
PERSONAL	_ DA	ATA	
Name of Nom	inee		
Home Address	s:		
Home Phone	#:	E-mail:	
WSSA AFF	ILIA	TION	
Member: 🗖	⁄es	□ No Number of years Member:	
WSSA Positions or offices held and years:			
EMPLOYM	ENT	HISTORY	
Present position	on ar	nd title:	
Agency Name	:		
Agency Addre	ss: _		
Agency Phone	e #: _		
Years in Present Position: Years at Agency:			
Past Positions:			
EDUCATIO	N A	ND/OR TRAINING (Optional)	

(continued)



AWARDS AND/OR RECOGNITIONS (letters of commendation from other offices & agencies may	be included)
PLEASE STATE WHY THIS PERSON SHOULD RECEIVE THIS AWARD	
NAME OF NOMINATOR: DATE:	
ADDRESS:PHONE:	
EMAIL:	