



SEIOS COLLECTIONS OPERATOR of the Year
 Nomination Form: **must be turned in by October 31!**



1. Operator: _____

Place of Employment: _____

Job Title: _____ Length of Service: _____

State Certified in: _____ Certification Class: _____

2. Achievements/Contributions: _____

3. SEIOS Participation: _____

4. Teamwork: _____

5. Productivity: _____

6. Self Improvement: _____

7. Public Relations/Community Involvement: _____

8. Supervisors Comments: _____

Candidate *MUST* be State Certified.

Candidate Nominated by:

Name: _____ Phone: _____

Date: _____

This form is provided only as a guideline. Do not feel obligated to complete every line. Any other pertinent information is welcomed. Thank you, the SEIOS Board. Last updated: 08/18