

# 2020 SPFE Education Support Professional of the Year Nomination Form

NAME OF THE NOMINEE: \_\_\_\_\_

JOB POSITION/SCHOOL/PROGRAM: \_\_\_\_\_

ADDRESS (STREET): \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE # (PRIMARY): \_\_\_\_\_

ALT. PHONE #: \_\_\_\_\_

YEARS AS SPFE MEMBER: \_\_\_\_\_

## Nominator Information:

NAME: \_\_\_\_\_

JOB/ROLE: \_\_\_\_\_

RELATIONSHIP TO NOMINEE: \_\_\_\_\_

ADDRESS (STREET): \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

*Please use reverse side of this form to briefly describe how you have come to know the nominee's work and why you think he/she is worthy of consideration for this award. Requirement of this award is that the recipient has been a full union member for at least three years.*

\_\_\_\_\_  
SIGNATURE OF NOMINATOR

\_\_\_\_\_  
DATE

**Please return this completed form no later than March 27, 2020 to:**

SAINT PAUL FEDERATION OF EDUCATORS  
ESP NOMINEE COMMITTEE  
23 EMPIRE DRIVE  
ST. PAUL, MN 55103-1856



SAINT PAUL FEDERATION  
OF EDUCATORS LOCAL 28

