



Colton Joint Unified School District Employee Recognition & Education Partner Nomination Form

Date: _____

Name of Nominee: _____

Site/Department: _____

Position: _____

Classified:

Certificated:

Management:

Education Partner:

Please check the character trait(s) that applies to the employee/nominee.

Respect:

Responsibility:

Caring:

Trustworthiness:

(NOTE: Please be specific and provide examples of the character trait(s) that the employee/education partner exemplifies)

I would like to nominate the above employee/education partner because

Your name (optional): _____

Site/Department: _____

Please submit forms via-mail to: SPFHU@UBDJXLOHUD, + XPDQ 5HVRXUD
or by District mail SPFHU@UBDJXLOHUD QHW