Nomination Form for Employee of the Month
Special Services Co-op of Jefferson County

Person Nominated _____ Position _____

Building Assignment _____ Date _____

Description of the outstanding contribution made by the nominee whether directly or indirectly serving students with disabilities

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Name of Person Making Nomination _____

Position _____ Building _____

Nominations are due by the first Friday of each month.
They may be submitted via fax, interoffice mail, or in person delivery to:

Kim Beranek
Administrative Assistant