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| Chi Epsilon SigmaChi Epsilon Sigma**CHI EPSILON SIGMA – BETA CHAPTER**  **SUPPORT STAFF MEMBER OF THE YEAR**  **NOMINATION FORM**  **(4 years minimum employment)** | | | | |
|  | |  |  | |
| Nominee | |  | Title | |
|  | |  |  | |
| County | |  | District | |
| **Why do you feel this employee is deserving of the award?**  **(Please include any supporting documents, if available.)** | | | | |
|  | | | | |
| Nominated by: |  | | |  |
| County & District: |  | | |  |
|  | | | | |
| **Complete and e-mail, fax, or mail by April 1 to:**  **Ginger Ellison**  **P.O. Box 430**  **Mt. Ida, AR 71957**  [**gellison@uaex.edu**](mailto:gellison@uaex.edu)  **(870) 867-2311**  (Please ask the person you nominated to submit a Support Staff Member of the Year Biographical Information Form.) | | | | |