**Nomination Form: Team Merit Award**

**Please use this form and submit to:***(please use envelope for confidentiality)*

**Human Resources, LM 339 or email to Michele Centrella at:** [**mcentrella@usfca.edu**](mailto:mcentrella@usfca.edu)

*This information is requested to select individuals for recognition and is not routinely provided to persons outside the University. Photographs, excerpts from the nomination or supporting letters may be used for citations, publicity or printed material on the USF website.*

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| **Team Name:** | |
| Name of team members: | Team Member Job Titles: |
| Department: | Supervisor: |
| Dept. Head Name: | Dean/VP Name: |
| Supervisor Phone Ext: | Supervisor Email: |
| Explain how the members displayed outstanding ability in functioning cohesively and effectively as a team: | |
| Give examples to show how the team helped its department/division, the University and/or community to achieve stretch goals: | |
| Demonstrate how the team ***exceeded*** expectations for the responsibility or project assigned. | |
| Please list three (3) names of peers, work associates, superiors or students ***with their contact email addresses and phone numbers***, who are familiar with the team’s work and can support this nomination.  1.  2.  3. | |

**Name of Nominator:**      **Date:**

**Department:**        **Job Title:**        **Email Address:**       **Phone:**

**Signature** *(if routing hard copy)***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**