



**College of  
Agricultural & Life Sciences**  
UNIVERSITY OF WISCONSIN-MADISON

DATE: December 7, 2020

TO: CALS Faculty and Staff

FROM: Carol Y. Hillmer  
Associate Dean

RE: Nominations for 2021 CALS University Staff Recognition Awards

We are requesting nominations for the annual College of Agricultural and Life Sciences (CALS) University Staff Recognition Awards. The purpose of this award is to recognize outstanding University Staff performance or service to the CALS. Three awards for CALS University Staff permanent employees are available this year. We anticipate holding a virtual event to present the CALS Awards on Wednesday May 5, 2021 at 3 p.m. Details will be forthcoming.

Any University of Wisconsin employee may nominate a CALS University Staff permanent employee for this award with the support of two additional recommendations and department approval. Employees will be selected based on the award criteria listed on the attached nomination form. For recipients of prior awards\*, five years must lapse before they may be nominated for another award.

To nominate an employee, please submit one copy of the nomination to the employee's department chair/director for approval. Chairs/directors, please send one fully signed copy of the CALS University Staff Recognition Award Nomination Form electronically to CALS Human Resources at [hr@cals.wisc.edu](mailto:hr@cals.wisc.edu) no later than **Friday, February 12, 2021**.

\*If the nominee has previously received this award, please identify in the nomination specific achievements and criteria as they pertain to the years following receipt of the award.

**CALS UNIVERSITY STAFF RECOGNITION AWARD**  
**Nomination Form**  
**Fiscal Year: 2021**

**Name of Employee:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Department/Work Unit:** \_\_\_\_\_

Award Criteria – Check all that apply and provide justification for all areas in the provided space. Attach a separate sheet if necessary. The information provided will be used to rank and rate individuals.

\_\_\_\_\_ Employee's work performance and work products are outstanding and/or have made a significant impact in terms of the overall value and benefits to specific program goals or to the University.

\_\_\_\_\_ Employee continually seeks to improve the work products or refine methods/ procedures that significantly enhance the ability of the work unit to meet the needs of the organization.

\_\_\_\_\_ Employee accepts and independently performs special assignments/projects on an on-going basis with minimal review and highly satisfactory results (this also includes unusual circumstances that arise in the department/work unit).

\_\_\_\_\_ Employee takes initiative to creatively resolve complex and/or sensitive problems affecting the organization.

\_\_\_\_\_ Employee consistently demonstrates outstanding leadership skills and initiatives. The employee is a recognized expert and is regularly sought out for advice and consultation.

\_\_\_\_\_ Employee successfully completed a special one-time project of major significance and impact which was an unusual/exceptional circumstance in the department/work unit.

\_\_\_\_\_ Employee successfully completed an acting assignment which was significantly more complex, included significantly expanded responsibilities, and was of greater scope than the employee's permanent position.

Nominated by: \_\_\_\_\_ Title: \_\_\_\_\_

Dept/Work Unit: \_\_\_\_\_ Signature: \_\_\_\_\_

***In addition to the nominator, nominations require a minimum of two additional recommendations. Recommendations can be incorporated below through additional comments and signatures or by attaching letters of support.***

Supported by: \_\_\_\_\_ Title: \_\_\_\_\_

Dept/Work Unit: \_\_\_\_\_ Signature: \_\_\_\_\_

Comments:

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Supported by: \_\_\_\_\_ Title: \_\_\_\_\_

Dept/Work Unit: \_\_\_\_\_ Signature: \_\_\_\_\_

Comments:

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***Nominations require department chair/director approval. Chair/Director approval can be incorporated below through additional comments and signature or by attaching a letter of support.***

Dept/Work Unit Approval by Department Chair/Director:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: