



Superior Service Award

Team Nomination

Team (A core group of six or fewer AgriLife Extension personnel responsible for the nominated effort.

Strong substantiation of team member roles required for larger teams.) For any combination of AgriLife Extension and non-Extension personnel (including CEP, research, teaching and private sector personnel). Each member must have made a significant contribution to a major joint effort from which significant educational, service, or organizational impacts occurred during the last 2 to 5 years. The number of non-Extension team members should not exceed the number of AgriLife Extension team members.

ABOUT YOU

Nominator First Name:

Nominator Last Name:

Nominator Title:

Nominator Email:

Nominator Phone:

WHO WOULD YOU LIKE TO NOMINATE FOR A SUPERIOR SERVICE AWARD?

Award Category:

Team Member #1

AgriLife Extension Employee

External Team Member

First Name:

Last Name:

Title:

Organization (for external team members):

Email:

Phone:

Years of Service with AgriLife Extension (rounding down):

Percent current appointment or assignment with AgriLife Extension:

Supervisor First Name:

Supervisor Last Name:

Supervisor Title:

Supervisor Email:

Supervisor Phone:

Team Member #2 AgriLife Extension Employee External Team Member

First Name: Last Name:

Title:

Organization (for external team members):

Email: Phone:

Years of Service with AgriLife Extension (rounding down):

Percent current appointment or assignment with AgriLife Extension:

Supervisor First Name: Supervisor Last Name:

Supervisor Title:

Supervisor Email: Supervisor Phone:

Team Member #3 AgriLife Extension Employee External Team Member

First Name: Last Name:

Title:

Organization (for external team members):

Email: Phone:

Years of Service with AgriLife Extension (rounding down):

Percent current appointment or assignment with AgriLife Extension:

Supervisor First Name: Supervisor Last Name:

Supervisor Title:

Supervisor Email: Supervisor Phone:

Team Member #4

AgriLife Extension Employee

External Team Member

First Name:

Last Name:

Title:

Organization (for external team members):

Email:

Phone:

Years of Service with AgriLife Extension (rounding down):

Percent current appointment or assignment with AgriLife Extension:

Supervisor First Name:

Supervisor Last Name:

Supervisor Title:

Supervisor Email:

Supervisor Phone:

Team Member #5

AgriLife Extension Employee

External Team Member

First Name:

Last Name:

Title:

Organization (for external team members):

Email:

Phone:

Years of Service with AgriLife Extension (rounding down):

Percent current appointment or assignment with AgriLife Extension:

Supervisor First Name:

Supervisor Last Name:

Supervisor Title:

Supervisor Email:

Supervisor Phone:

Team Member #6

AgriLife Extension Employee

External Team Member

First Name:

Last Name:

Title:

Organization (for external team members):

Email:

Phone:

Years of Service with AgriLife Extension (rounding down):

Percent current appointment or assignment with AgriLife Extension:

Supervisor First Name:

Supervisor Last Name:

Supervisor Title:

Supervisor Email:

Supervisor Phone:

Team Member #7

AgriLife Extension Employee

External Team Member

First Name:

Last Name:

Title:

Organization (for external team members):

Email:

Phone:

Years of Service with AgriLife Extension (rounding down):

Percent current appointment or assignment with AgriLife Extension:

Supervisor First Name:

Supervisor Last Name:

Supervisor Title:

Supervisor Email:

Supervisor Phone:

Team Member #8

AgriLife Extension Employee

External Team Member

First Name:

Last Name:

Title:

Organization (for external team members):

Email:

Phone:

Years of Service with AgriLife Extension (rounding down):

Percent current appointment or assignment with AgriLife Extension:

Supervisor First Name:

Supervisor Last Name:

Supervisor Title:

Supervisor Email:

Supervisor Phone: