

UNIVERSITY OF CAPE COAST
DIRECTORATE OF HUMAN RESOURCE
STAFF REWARD AND RECOGNITION NOMINATION FORM

NOMINEE (AWARDEE)

NAME OF NOMINEE:.....

RANK:.....

COLLEGE/FACULTY/SCHOOL/SECTION/DEPT.....

.....

NOMINEE'S TELEPHONE No.:.....

E-MAIL

NOMINATOR

NAME:.....

RANK:.....

COLLEGE/FACULTY/SCHOOL/SECTION/DEPT.....

.....

DATE OF NOMINATION:.....

NOMINATOR'S TELEPHONE No.:.....

E-MAIL:.....

AREA OF AWARD:

Describe below why your nominee should be considered (Kindly follow the criteria, please). **Please write on additional sheet if need be.**