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| 1. **CSM Staff Excellence Nomination Form for:** |
| Operational Excellence – Individual Award AUPE MaPS  Operational Excellence – Team Award |
| 1. **Nominee Information** |
| First and Last Name(s): Position Title(s)   |  |  |  | | --- | --- | --- | |  |  |  |   Unit(s):   |  | | --- | |  |   Email(s):   |  | | --- | |  | |  | |
| 1. **Nominator Information** |
| First and Last Name(s): Position Title(s)   |  |  |  | | --- | --- | --- | |  |  |  |   Unit(s):   |  | | --- | |  |   Email(s):   |  | | --- | |  |   Relationship to Nominee:   |  | | --- | |  |     Does the individual nominee or any members of the team nominee identify as a member(s) of an under-represented equity-deserving group including women, Indigenous Peoples, racialized persons, persons with disabilities, LGBTQ2S+ (as defined by UofC).  Yes  No  Don’t know |