

CSDIAI GEORGE PLETTS MERITORIOUS SERVICE AWARD NOMINEE APPROVAL / DENIAL FORM

NOMINEE VERIFICATION

Nominee Name:		
Employer Contacted:	Date:	
Supervisor's Name:		
Supervisor's Title:		
Currently Employed: Y / N	Retired: Y / N	(If Yes) Year Retired:
Supervisor's Comments on Employee's Professionalism:		

COMMUNITY SERVICE VERIFICATION

Organization Contacted:	Date:
Contact Person's Name:	
Contact Person's Title:	
Date Range of Service:	Currently Active: Y / N
Comments Regarding Nominee & the Services Rendered:	

CSDIAI INVOLVEMENT VERIFICATION

Member # Verification:	Member Currently in Good Standing: Y / N
Involvement in CSDIAI Verified: Y / N	Outstanding Contributions Verified: Y / N
Background Completed By:	
Date Completed:	Phone #:

**CSDIAI GEORGE PLETTS MERITORIOUS SERVICE AWARD
NOMINEE APPROVAL / DENIAL FORM CONTINUED**

NOMINEE NAME:

RESOLUTIONS COMMITTEE FINDINGS: APPROVED / DENIED

Chairperson name: Signature:	Date:
Vice Chairperson name: Signature:	Date:
Committee Member name: Signature:	Date:
Committee Member name: Signature:	Date:
Committee Member name: Signature:	Date:
Committee Member name: Signature:	Date:

ATTACH TO ORIGINAL APPLICATION