



## SUPPORT SERVICES SUPERSTAR AWARD NOMINATION FORM

**Eligibility:**

All Harford County Public Schools regular support staff employees are eligible for the award. Employees must be appointed at least .5 FTE and must have successfully completed one year of continuous service (10-Month employees by September 1, 2023 and 12- Month employees by July 1, 2023). Supervisors, administrators, teachers, substitutes, and other certificated employees are not eligible to receive this award. Nominees must meet APGFCU eligibility criteria (to include but not limited to being a member or eligible for membership in good standing of any existing or former accounts).

Examples of eligible support staff employees include:

- Clerical Support (School-based or Central Office)
- Custodial Support
- Facilities Support
- Food and Nutrition Support
- Instructional Support (Paraprofessionals, Inclusion Helpers, etc.)
- Technology Support
- Transportation Support

**Criteria:**

The awards will be based on employees meeting one of the following criteria:

- Exemplary performance, outstanding achievements, or accomplishments
- Exemplary role modeling to include outstanding customer service, collaboration, and positive attitude
- Cost savings or ideas that contribute to increased efficiency
- Positive impact on an individual, work location, or school system

**Award:**

Up to 15 award recipients will be awarded \$250 each. The cash award will be deposited into an APGFCU share account for those recipients already APGFCU members. Non-APGFCU member recipients have the option of establishing a membership for award deposit or receiving a Visa Gift Card.

I nominate the following employee for the Support Services Superstar Award		
Name: _____		
Department/Location: _____		
Position: _____		

**Nominator's Rationale:**

Please complete the attached nomination clearly illustrating the employee's outstanding service to the school system. If the nominator is someone other than the direct supervisor, Human Resources will request a completed questionnaire from the immediate supervisor as part of the selection process.

Nominator's Information		
Name: _____	Phone: _____	Email: _____
Relationship to Nominee:                      Supervisor                      Co-Worker                      Non-HCPS Associate		
Other (Please indicate): _____		
Signature/Electronic Signature: _____		Date: _____

**Send the completed form and supporting documentation to:  
Support Services Superstar, Office of Human Resources or to  
Donna.Dean2@hcps.org**

**Nominations must be received by close of business October 13, 2023**

**For HR Office Use Only:**

Supervisor: \_\_\_\_\_

Date Recommendation Received: \_\_\_\_\_

Date Nominee Emailed: \_\_\_\_\_

Nomination Accepted: Yes \_\_\_\_\_ No \_\_\_\_\_

Date of Hire: \_\_\_\_\_

*Please complete a written response using **only one** of the criteria below that are applicable for this nomination.*

- ❖ Please describe examples of exemplary performance, outstanding achievements, or accomplishments of the nominee.
- ❖ Please give an example of exemplary service as a role model, including outstanding customer service, collaboration, and positive attitude.
- ❖ Has the employee contributed to cost savings and/or increased efficiency for their work location? Please explain.
- ❖ Explain the positive impact the nominee has had on an individual, work location, or school system.