

NOMINATION FORM
Performance Management Review Board

NOMINEE Information

Name: _____
Please Print
PID: _____
Department Name: _____
Telephone Number: _____
Email Address: _____
Working Title of Current Position: _____
SPA Salary Grade: _____ OR _____ EPA Non-Faculty
Wage-Hour Status: _____ Exempt OR _____ Non-Exempt [Check one]
The nominee _____ is a supervisor or _____ is not a supervisor [Check one]

PERSON MAKING THE NOMINATION

Name: _____
Please Print
Department Name: _____
Telephone Number: _____
Email Address: _____
Relationship to the Nominee: _____
[Supervisor, HR Facilitator, co-worker, etc.]

Briefly, why do you think the Nominee will be an effective member of the Review Board?

NOMINEE'S SUPERVISOR [If someone other than the Nominator.]

Supervisor's Name: _____
Please Print
Telephone Number: _____
Email Address: _____

SUPERVISOR'S APPROVAL:

I approve of the Nominee's participation as a member of the Performance Management Review Board. If appointed, this department will do its best to accommodate his/her need to be away from the office to tend to Review Board business.

Supervisor's Signature

Date

Please return the completed Nomination Form to Ken Litowsky, CB 1040, or Fax to 962-1065, or email to Ken_Litowsky@unc.edu.