

---

**TAFT INDEPENDENT SCHOOL DISTRICT**  
**SELECTION GUIDELINES**

---

*Auxiliary Employee of the Year*

**I. Qualifications**

- A. Any auxiliary staff member (maintenance, custodial, cafeteria, transportation) shall be eligible.
- B. Nominees must have at least three consecutive years of experience (including current year) in the Taft Independent School District.
- C. Nominees shall have the appropriate credentials and experience in the position for which they are employed.
- D. No previous "Employee of the Year" winner shall be eligible for the award for a period of three years.
- E. No member of the selection committee or his relations shall be eligible for the award.

**II. Nomination**

- A. Nominations for this award will be made by peers.
- B. The nomination should contain the required items listed on FORM 1 and should be submitted to the Assistant Superintendent by designated date. The person making the nomination shall be responsible for providing additional information regarding a candidate's qualifications if called for by the committee.

### **III. Selection Committee**

- A. Committee chairperson and his/her committee will serve anonymously for one year to select the Auxiliary Employee of the Year. Schools not having current year representation would have representation in the following or subsequent years. Committee members may not have made a nomination in this category. The final selection will be made by the committee as a whole. The committee will meet at such time and place as deemed necessary by the chairperson and devise such procedures as necessary to render a final decision.

### **IV. Suggested Criteria for Selection**

Auxiliary staff selected for this award should represent the highest standards of excellence in their field of service.

**Taft Independent School District**  
*Auxiliary Employee of the Year*

Nominee \_\_\_\_\_

School/Building \_\_\_\_\_

Position \_\_\_\_\_

Individual Making Nomination \_\_\_\_\_

Reason for Nomination \_\_\_\_\_

Please attach the following items to this page.

1. Letter of recommendation which cites the candidate's contributions to Taft ISD
  2. All questions on FORM II answered completely
- Submit completed nomination forms in the provided 10 X 13 manila envelope marked:

**"AUXILIARY EMPLOYEE OF THE YEAR"**

- No 3-ring binders or pocket folders please!
- Forms must be received in the Assistant Superintendent's office no later than 4:00 p.m. on Thursday, April 5, 2012.

NAME \_\_\_\_\_ CAMPUS/BUILDING \_\_\_\_\_

*Auxiliary Employee of the Year*

I. Qualifications

A. How many years has the nominee been employed by the Taft Independent School District?

Less than 3 \_\_\_\_\_ 3-5 \_\_\_\_\_ 6-10 \_\_\_\_\_

11-15 \_\_\_\_\_ 16-20 \_\_\_\_\_ More \_\_\_\_\_

II. Accomplishments

A. Is the nominee active in school or community organizations?

Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

B. Has the nominee received any special awards or recognitions? If so, please list.

Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_