

EMPLOYEE NOMINATION FORM STATE PERSONNEL BOARD 2024

I, the undersigned certified state employee, hereby nominate the following person as a candidate for election to the State Personnel Board:

NAME OF NOMINEE TO BOARD: _____

INFORMATION ABOUT THE CERTIFIED STATE EMPLOYEE MAKING THE NOMINATION:

EMPLOYEE FIRST AND LAST NAME (PLEASE PRINT)	WORK IDENTIFICATION NUMBER (EID)	WORK EMAIL ADDRESS	STATE AGENCY OR HIGHER ED INSTITUTION WHERE EMPLOYEE WORKS	MONTH/YEAR EMPLOYEE BECAME CERTIFIED

EMPLOYEE SIGNATURE: _____
(Signature of employee who is making the nomination)

INSTRUCTIONS TO EMPLOYEE: Only certified state employees are eligible to sign this Employee Nomination Form. An Employee Nomination Form will be invalid without all of the requested information, including the employee's signature. Once the Employee Nomination Form is complete, save it (preferably as a PDF) and send it via email to the candidate or person working for the candidate.

INSTRUCTIONS TO CANDIDATE: Please collect 50 signatures of state certified employees using the multi-employee Nominating Petition Form, the individual Employee Nomination Form, or a combination of both. The deadline for submission is **5:00 pm on April 26, 2024.**