EMPLOYEE NOMINATION FORM
STATE PERSONNEL BOARD 2025

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 October 9, 2025**.