EMPLOYEE NOMINATION FORM
STATE PERSONNEL BOARD 2025

I am a certified state employee and I nominate the following person to serve on the State Personnel Board:

NAME OF CANDIDATE: _____

INFORMATION ABOUT THE CERTIFIED STATE EMPLOYEE MAKING THIS NOMINATION:

EMPLOYEE FIRST AND LAST NAME (PLEASE PRINT)	EMPLOYEE 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.** The Form will be invalid without all the requested information, including your signature. Once the Form is complete, (1) save it (preferably as a PDF); and (2) send it via email to the candidate.

INSTRUCTIONS TO CANDIDATE: Please collect at least five (5) signatures of state certified employees. The deadline for submission is **5:00 pm on November 7, 2025**.