

## Nomination for Improving Our Workplace Award (IOWA)

Please complete the nomination form below. Print, obtain the supervisor or team sponsor's signature, and email or send in campus mail to: Reward and Recognition, UI Organizational Effectiveness, 121-51 USB. If sending electronically, please email to: [uilearndevelop@uiowa.edu](mailto:uilearndevelop@uiowa.edu). Visit [Writing the Nomination](#) for instructions and examples on completing the nomination form.

### Nominee Information

**Nominee Name or Team Name:** \_\_\_\_\_

*(IF THIS IS A TEAM NOMINATION, PLEASE ATTACH A LIST WITH EACH TEAM MEMBER'S NAME, DEPARTMENT, CAMPUS ADDRESS, ORG NUMBER, AND SUPERVISOR'S NAME, DEPARTMENT, AND CAMPUS ADDRESS. PLEASE MAKE SURE ALL MEMBERS ARE INCLUDED)*

Department: \_\_\_\_\_ Campus Address: \_\_\_\_\_ Org #: \_\_\_\_\_

Departmental function or role: \_\_\_\_\_

**Supervisor of Nominee or Team Sponsor (name):** \_\_\_\_\_

Supervisor or Team Sponsor Signature (**mandatory**): \_\_\_\_\_

Department: \_\_\_\_\_ Campus Address: \_\_\_\_\_ Org #: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Nominator** (name of person completing this form): \_\_\_\_\_

Date: \_\_\_\_\_

Department: \_\_\_\_\_ Campus Address: \_\_\_\_\_ Org #: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please check **all** appropriate boxes for this nomination:

**Level of impact of nomination – Effort resulted in enduring changes at this level:**

<input type="checkbox"/> Unit	<input type="checkbox"/> Department	<input type="checkbox"/> Interdepartmental
<input type="checkbox"/> Campus-wide	<input type="checkbox"/> External to the Campus	

**Area of Change – Nominated effort contributed to positive, long-lasting results in:**

Community building and collaboration

Cost-saving

Customer satisfaction (students, clients, patients, employees, taxpayers, and parents)

Development, preservation, or disseminations of knowledge

Enhancing the student or patient experience

Healthy working relationships and a supportive environment

Outreach to community and state

Process improvement

Project development (results not presently known)

Safety

Staff development through mentoring

Stewardship of University resources

Other: \_\_\_\_\_

Please complete each of the following segments: **Initiative, Innovation, Measurable Results** and **Sustaining Impact** to be considered for the IOWA.

### Section I: Initiative

*Please describe the challenge in the workplace improved by the efforts of nominated staff. Include who recognized the need for change and who initiated the efforts to improve the workplace. How did the nominee(s) show initiative with this project? (If more space is needed, please attach an additional word document.)*

### Section II: Innovation

*Illustrate the innovative efforts (ex., novel, creative, ingenious) of the individual or team in improving the workplace. (If more space is needed, please attach an additional word document.)*

### Section III: Measurable Results

*Confirm the impact made in the workplace by the nominated staff member(s), using data when possible. How is the impact of the improvement measureable? (If more space is needed, please attach an additional word document.)*

### Section IV: Sustaining Impact

*Explain how the change is sustaining and embedded in the workplace, using data when possible. (If more space is needed, please attach an additional word document.)*

***Awards will be sent to the supervisor of the awardee within 6 weeks of the nomination deadline.  
We encourage supervisors to present the award locally.***

Please contact 335-2260 with any questions. Members of the [Review Committee](#) are also available to assist you by reviewing and giving feedback as you write your nomination.

**Nomination deadlines are March 15 and November 1**