



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. 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:

- Unit
- Department
- Interdepartmental
- Campus-wide
- 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 February 15 and November 1