

IAPT OF THE YEAR AWARD NOMINATION FORM

Please complete the nomination form and return to the IAPT Awards Committee. **Nominations** must be received no later than May 1st to be considered. Forms may be submitted by email to the awards committee C/O James Koehler at <u>James.koehler@lposd.org</u>

Please check each category in w	which you are submitting a nomination for.
[] Driver of The Year [] Secre	tary/Dispatcher of The Year [] Driver Trainer of The Year
[] Special Needs Driver of The Year	ar [] SPED Aide of The Year [] Supervisor / Director of The Year
NOMINEE:	
Name:	
District / Contractor:	
Position Title:	Years of Service:
About the Nominee – (ie. Ach nominating this person?	nievements, personal story, attendance, etc.) Why are you
PERSON SUBMITTING NOMIN	IATION:
Name:	Position:
Phone #:	District:
Signature:	Date: