



Clovis Municipal Schools
Teacher/Support Staff Member of the Year 2017-2018
Nomination Form

Name of Employee: _____

Name of School: _____

Describe the positive impact this employee has made on student learning:

Why do you believe that this employee deserves to be CMS's Teacher/Support Staff Member of the Year?

Note: The nominee may receive a copy of this form.

Submitted by: _____

Contact email or phone # _____

Nomination forms must be returned to the CMS Human Resources Office no later than 5/25/2017. Anonymous nominations will not be accepted.

Email as an attachment and send to kerry.parker@clovis-schools.org

Or print and mail to:
CMS Human Resources Office
P.O. Box 19000
Clovis, New Mexico 88102