

NYSUT Retirees of WNY Legends Award

Nomination Form

Please print or type.

Send all nominations to:

WNY Retiree Legends Committee
c/o NYSUT Regional Office
270 Essjay Road
Williamsville, New York 14221

Name of individual being nominated: _____

Address: _____

Home phone: _____ Cell phone: _____

Personal email: _____

Retiree Council name: _____

District Retired from: _____ Years of service: _____

Former Occupation/job title: _____

Union position/involvement: _____

Reasons why this nominee should be recognized: (Please include information that addresses each of the criteria previously listed and give specific examples, such as accomplishments, special attributes, service to local or retiree council, service to NYSUT, committee involvement, outstanding qualities and achievements.) **Typewritten preferred. Attach a separate sheet if more space is needed.**

Name of person submitting nomination: _____

Union position/office held: _____

Address: _____

Home phone: _____ Cell phone: _____

Email address: _____

Signature of Nominating person

Date

Nominations will be accepted from September 1 through December 31 of each year.