SUPERVISOR ENDORSEMENT FORM FOR IIHHS INNOVATION AND IMPACT AWARD

Nominator's Name: _____

Nominee’s or Team Members' Names: _____

_____

Name of Nominee's Supervisor: _____

Date: _____

Dear Nominee's Supervisor:

Please indicate if you endorse your staff's nomination for the IIHHS Innovation and Impact Award by signing this endorsement form. Your staff may be nominated as an individual or a member of a nominated team.

If you supervise more than one staff member on a nominated team, you can use one form for all staff you supervise.

☐ I endorse that nomination be considered for the IIHHS Innovation and Impact Award.

☐ I do not endorse that this nomination be considered for the IIHHS Innovation and Impact Award.

_____

Signature of Supervisor