**SOUTHERN STATES CORRECTIONAL ASSOCIATION**

**LINE STAFF OF THE YEAR AWARD**

Completed form must be sent to your State Representative

Must be received by April 1

**NOMINEE:**

*Print name as it should appear on the award*

**Award Category:** Probation/Parole Correctional Officer

(*check only one)* Corrections Support Service Person Humanitarian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job title: Telephone #:

Work address:

Nominator’s Signature:

Please limit your typewritten comments to two pages. Comments must include: Why should this individual be selected? Comments should address professionalism, job knowledge, performance, personal characteristics, leadership, innovation/creativity and accomplishments.

Nominator and Candidate Criteria:

Nominator:

1. Nominator must be an active member of SSCA; self-nominations will not be considered.

2. Nominator must submit a complete and signed nomination form to their State Representative.

3. The nomination form must be received by the State Representative prior to the cut-off date of April 1 each year.

Candidate:

1. Candidate must be employed on a full-time paid basis as a non-supervisory Probation/Parole Officer, Correctional Officer or Corrections Support Service Person (or an equivalent job function).

a. The exception is any full time employee is eligible for the Humanitarian of the Year.

b. Part-time employees, consultants and interns are excluded from award consideration.

c. Nominee will be considered in one category only.

2. Candidate’s employing agency may be Federal, State, County, City or a Private Sector entity.

3. Candidate must be employed in one of the 14 member states.

4. Candidate’s membership in SSCA is not a prerequisite for consideration.