

# K A E O P

**KANSAS ASSOCIATION OF EDUCATIONAL OFFICE PROFESSIONALS  
AN AFFILIATE OF NATIONAL ASSOCIATION OF EDUCATIONAL OFFICE PROFESSIONALS**

## **STATE EDUCATIONAL OFFICE PROFESSIONAL OF THE YEAR**

### **GUIDELINES FOR NOMINATION**

1. One candidate may be nominated by each KAEOP affiliate of the current affiliation year (July 1 – June 30).
2. DO NOT send scrapbooks, newspaper clippings, or any other materials. All materials must be submitted by sponsoring association at one time and no materials will be returned.
3. A \$5.00 non-refundable fee payable to KAEOP must accompany the nomination. Fees will be used to help defray expenses for the winner to attend the Spring Conference.
4. Application material **must be** POSTMARKED by JANUARY 15.
5. The NAEOP Public Relations chairman will notify all candidates and the sponsoring association immediately after the judges' decision is final.
6. An inscribed plaque will be presented to the winner at the Spring Conference.
7. Applications that do not follow guidelines will be disqualified.
8. The Kansas Educational Office Professional of the Year shall be nominated by KAEOP as a candidate for the National Educational Office Professional of the Year award sponsored by the National Association of Educational Office Professionals.

### **ELIGIBILITY**

1. Candidate must be a current KAEOP and NAEOP member and must have held membership for a minimum of three consecutive years immediately prior to nomination.
2. Candidate must be a member of the affiliate association submitting the nomination.
3. Candidate must currently be employed as an educational office employee (i.e., secretary, clerk, bookkeeper, registrar, library aide, etc.)
4. Candidate must have been employed as an office employee for a minimum of five years in an educational institution, agency, public or private school, college or university.

### **CRITERIA FOR JUDGING**

1. Professional activity (association activities and participation) ..... 25%
2. Personnel ratings (supervisor(s), personnel director, colleagues) ..... 25%
3. Education and workshop participation ..... 15%
4. Letters of recommendation (a maximum of three may be submitted) ..... 20%
5. Recommendation from sponsoring association ..... 10%
6. Contribution to society (areas of impact in addition to education) ..... 5%

**IN ALL CASES, THE DECISION OF THE JUDGES IS FINAL**

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## STATE EDUCATIONAL OFFICE PROFESSIONAL OF THE YEAR

### NOMINATION FORM

(To be completed by sponsoring association)

FORM I

Name of Candidate \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Telephone \_\_\_\_\_ / \_\_\_\_\_ Home \_\_\_\_\_ / \_\_\_\_\_

Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Basis for selection of nominee: \_\_\_\_\_

Name of sponsoring association \_\_\_\_\_

President of sponsoring association \_\_\_\_\_

Address of President \_\_\_\_\_  
Street City State Zip

Telephone of President \_\_\_\_\_ / \_\_\_\_\_ Home \_\_\_\_\_ / \_\_\_\_\_

Date of KAEOP  
affiliation \_\_\_\_\_

Signature of President \_\_\_\_\_ Date \_\_\_\_\_

NOTE: Submit FORMS I, II, and III, and letters of recommendation with the \$5.00 fee to:

**Gwen Kramer**  
**Kansas State Department of Education**  
**120 SE 10<sup>th</sup> Ave**  
**Topeka, Kansas 66612**  
**(H) 785-224-6219 (W) 785-296-7795**  
[gkramer@ksde.org](mailto:gkramer@ksde.org)

**MUST BE POSTMARKED BY JANUARY 15, 2010**

(To be completed by nominee)

FORM II

Name \_\_\_\_\_ Position \_\_\_\_\_ No. Years \_\_\_\_\_

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### STATE EDUCATIONAL OFFICE PROFESSIONAL OF THE YEAR

Address \_\_\_\_\_  
Street City State Zip

Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Business address  
of supervisor \_\_\_\_\_  
Street City State Zip

PREVIOUS POSITIONS HELD (use additional sheet if needed)

Title of Position	Place of Employment	From	To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PROFESSIONAL STANDARDS CERTIFICATE(S) HELD (Indicate by filling year received.)

Basic \_\_\_\_\_ Assoc. Prof. \_\_\_\_\_ Advanced I \_\_\_\_\_ Advanced II \_\_\_\_\_ Advanced III \_\_\_\_\_  
Assoc. Degree \_\_\_\_\_ Bachelors \_\_\_\_\_ Masters \_\_\_\_\_ Doctorate \_\_\_\_\_ CEOE \_\_\_\_\_

EDUCATION (Include high school.)

Name of Course or Degree	Institution	No. Cr./Hrs.	Years
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MEMBERSHIP/LEADERSHIP ROLES IN PROFESSIONAL ASSOCIATIONS

Names of Associations	Yrs. Member	Offices/Committees	Years
National: _____	_____	_____	_____
_____	_____	_____	_____
State: _____	_____	_____	_____
_____	_____	_____	_____
Local: _____	_____	_____	_____
_____	_____	_____	_____

FORM II, page 2

INSERVICE COURSES COMPLETED (include last 10 years)  
List in-service courses on a separate sheet using the following format:

Name of Program/Course	Sponsored By	No. Clock Hrs.	Year
_____	_____	_____	_____
_____	_____	_____	_____

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COMMUNITY ACTIVITIES (include last 5 years)

List community activities on a separate sheet using the following format:

	Organization	Community Activity or Office Held	Year
National:	_____	_____	_____
	_____	_____	_____
State:	_____	_____	_____
	_____	_____	_____
Local:	_____	_____	_____
	_____	_____	_____

Signature of nominee \_\_\_\_\_ Date \_\_\_\_\_

### **REMINDER**

1. This form (FORM II) along with all other parts of the nomination must be submitted by the president of the KAEOP affiliate association making nomination. The following must be included:
  - a. Nomination form (FORM I)
  - b. Written personnel rating (FORM III) covering past five years of employment, especially noting specific job performance. If in present position less than five years, please submit copies of performance evaluations from previous positions within last five years.
  - c. Letters of recommendation (maximum of three).

**2. MATERIALS MUST BE POSTMARKED BY JANUARY 15.**

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FORM III

<b>Personnel Rating</b>
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(To be completed by immediate supervisor of nominee)

Please evaluate candidate with a short narrative in each of the following areas:

OFFICE MANAGEMENT:

INTERPERSONAL RELATIONS:

LEADERSHIP:

PROFESSIONAL GROWTH:

PROFESSIONALISM:

PUBLIC RELATIONS:

KNOWLEDGE AND SKILLS:

I \_\_\_\_\_ agree \_\_\_\_\_ disagree with the above evaluation.

\_\_\_\_\_  
Signature of Office Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Immediate Supervisor

\_\_\_\_\_  
Date