

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

NOMINATION FORM

(To be completed by sponsoring association)

FORM I

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STATE EDUCATIONAL OFFICE PROFESSIONAL OF THE YEAR

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:

**Teresa Lamb
710 North Second
Iola, Kansas 66749
(H) 620-365-8095 (W) 620-365-4715
teresa.lamb@usd257.org**

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MUST BE POSTMARKED BY JANUARY 15, 2007

(To be completed by nominee)

FORM II

Name _____ Position _____ No. Years _____

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: _____

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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 |
|------------------------|--------------|----------------|------|
|------------------------|--------------|----------------|------|

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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| |
|------------------------|
| Personal Rating |
|------------------------|

(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