CHICANO CORRECTIONAL WORKERS ASSOCIATION

Somos Familia ~ We are Family

SUPERVISOR OF THE YEAR

Date: _____

Nominee's Information:

a) Name: _____
b) Phone number: _____
c) Work location: _____
d) Position: _____
e) Email: _____

Please attach biography and picture of Nominee

Reasons for Nomination (reasons on and off the job why you feel this person should be nominated as the Supervisor of the Year. Attach additional pages if needed):

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Your name, chapter, phone number and email:

_____
_____
_____
_____

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OFFICE: 559.734.2292