

Nomination of Classified Professional



CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT

Please provide the committee with a little information about you:

Your Name: (Last, First)

Your Position

Working relationship with Nominee

Please provide the following information about the person you are nominating:

Name: (Last, First)

Work Location/Campus

Office Extension, Fax #

e-mail address

Years employed

Briefly describe the qualifications that the nominee possesses that could contribute to CLIP.

How do you think the nominee will benefit from participation in CLIP?

Print your Full Name

Signature

Date

Email application to clip.clpccd@gmail.com