

EMPLOYEE OF THE YEAR FACT SHEET

This information will be used by the Community Education Office to Develop a News Release Announcing Employee of the Year Winners

Name of Regional Center: _____

Name of Employee of the Year: _____

Home Address (include zip code): _____

Job Title/Location: _____

Number Years of State Service: _____

Number Years of DDSN Service: _____

Spouse: _____

No. of Children/Grandchildren: _____

Please list membership in any religious, civic, professional or community organization that the winner wishes to be included in a Press Release. Please also note any offices held therein.

Educational degrees/Certificates/Special Training:

Additional comments from Facility Administrator or other appropriate supervisor or department head:

Name of person completing this form: _____

Daytime Phone: _____