

**University of Massachusetts Medical School  
UMMS Special Award**

**Nomination Form**

This is an opportunity to acknowledge an employee that was a key contributor to the success of a major accomplishment in an UMMS Business Unit or Department. As a result of extraordinary performance beyond the scope and responsibility of this employee's assigned role, UMMS advances in our shared mission.

**Name of Nominee:**

**Nominee Title and Department:**

**Nominated by (must be Department Head or higher):**

**Nominee's Supervisor:**

**Requested amount of Special Award:** (to be paid by Department)

**Department Account # to Charge for Special Award:**

**In a separate letter no longer than two pages in length, please describe the achievement and why this employee is deserving of this recognition. Please include how this achievement contributed to the success of a major accomplishment in a UMMS Business Unit or Department. You may attach additional letters of recommendation from other sources. Awards must be approved by senior management and should be reflective of the level of impact to the University.**

You may email this completed cover sheet with your recommendation letter(s). Additionally, you may click the "submit" button (top right corner above) to send this completed cover sheet electronically and then attach your letter of recommendation(s).

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**Award Program Questions:** Nancy Sinasky, HR Compensation  
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