

**EMPLOYEE NOMINATION FORM
DISTRICT EDUCATIONAL IMPROVEMENT COMMITTEE (DEIC)
STAFF APPLICATION**

NOMINEE: First and Last Name: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Representative Category – Please Check Only One:

_____ Campus Staff Member- Teaching

_____ Campus Staff Member- Non-Teaching

Campus Name: _____

I hereby voluntarily accept this nomination to serve on the DEIC. I also understand that if selected, I have made a commitment to attend ALL meetings and activities of the committee and to follow the procedures set for committee participation.

The deadline for submitting an application is Friday, November 13th, 2020. A public drawing will be held to select the representative(s) from the categories listed. Email all forms to mpayne@whartonisd.net

Date

Signature of Nominee