**Application**

**Classified School Employees of the Year**

# Applicant Information

# *(Be sure to download a copy before completing.)*

All fields in the application are required and must be completed, unless otherwise noted. Only use the shaded sections to complete the application. Please do not alter the application.

The Documentation should be named as follows: District Name, Nominee First Name and Last Name, followed by Occupational Specialty. (Do not include the words "school district" or "county.") For example: Dixon Unified Pat Smith Food and Nutrition Services.

It is the responsibility of the District CSEY Coordinator to ensure that the application has been certified prior to submission. Submission of the Application by the District CSEY Coordinator is the district’s certification that all levels of certification have been met.

**Note:** The CSEY Program uses the CDE [California School Directory](https://www.cde.ca.gov/schooldirectory/) for county, district, and school’s names on awardees lists and award recognitions.

# Nominee Occupational Specialty

*(Select one category with an “X”)*

|  |  |
| --- | --- |
|  | **Clerical and Administrative Services**The work must be directly related to clerical or secretarial duties. For example: attendance clerk, secretary, and accountant. |
|  | **Custodial and Maintenance Services**The work must be directly related to operation or maintenance services. For example: custodian and groundskeeper. |
|  | **Food and Nutrition Services**The work must be directly related to food handling and/or preparation. For example: chef, cook, and cafeteria worker. |
|  | **Health and Student Services**The work must be directly related to health and student services. For example: nurse and counselor. |
|  | **Paraprofessional Services**The work must be directly related to instructional services to students. For example: classroom assistant, instructional aide, and library assistant. |
|  | **Security Services**The work must be directly related to the security of students and/or property. For example: campus security monitor, and community outreach assistant. |
|  | **Skilled Trades Services**The work must be directly related to skilled services. For example: carpenter, electrician, plumber, painter, and mechanic. |
|  | **Technical Services**The work must be directly related to technical duties. For example: network engineer, technology support, and programmer. |
|  | **Transportation Services**The work must be directly related to transportation. For examples: bus driver, dispatcher, and delivery person. |

# Nominee Information

|  |  |
| --- | --- |
| First Name |  |
| Last Name |  |
| Home Mailing Address |  |
| Home City |  |
| Home Zip Code *(99999)* |  |
| Home Phone Number *(999- 999-9999)* |  |
| Current Title |  |
| Years in Current Position *(Minimum of five years of service in nomination occupational specialty).* |  |
| Work Site Name *(School, District, County Office of Education)* |  |
| Work Site Address Work Site City |  |
| Work Site Zip Code *(99999)* |  |
| Work Site Phone Number *(999-999-9999)* |  |
| Work Site Email Address |  |

# Nominee Supervisor Information

|  |  |
| --- | --- |
| First Name |  |
| Last Name |  |
| Title |  |
| Work Site Name |  |
| Work Site Address |  |
| Work Site City |  |
| Work Site Zip Code *(99999)* |  |
| Work Site Phone Number *(999-999-9999)* |  |
| Work Site Email Address |  |

# Nominator Information

|  |  |
| --- | --- |
| First Name |  |
| Last Name |  |
| Title |  |
| Work Site Name |  |
| Work Site Address |  |
| Work Site City |  |
| Work Site Zip Code *(99999)* |  |
| Work Site Phone Number *(999-999-9999)* |  |
| Work Site Email Address |  |

# School Information

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| City |  |
| Zip Code *(99999)* |  |
| School Website |  |
| School Code *(9999999, last 7 digits) (for help locating your school code, please access the* [*California School Directory*](http://www.cde.ca.gov/re/sd/)*).* |  |
| Charter School Administrator/Principal First Name |  |
| Principal Last Name |  |
| Principal Phone Number *(999-999-9999)* |  |
| Principal Email Address |  |

# School Type Information

**What is the district/school type where the nominee serves?** *(Select all that apply.)*

|  |  |
| --- | --- |
|  | *Early Learning* |
|  | *Elementary School* |
|  | *Middle School* |
|  | *High School* |
|  | *Other:* **[insert info.]** |

**What is the school type indicator where the nominee serves?** *(Select all that apply.)*

|  |  |
| --- | --- |
|  | *Public School* |
|  | *Charter School* |
|  | *Magnet School* |
|  | *Other:* **[insert info.]** |

**What is the community type where the nominee serves?** *(Select all that apply.)*

|  |  |
| --- | --- |
|  | *Urban* |
|  | *Rural* |
|  | *Suburban* |

# District Information

|  |  |
| --- | --- |
| Name |  |
| Address City |  |
| Zip Code (99999) |  |
| District Website |  |
| District Code (9999999, first 7 digits) (for help locating your district code, please access the California School Directory at <http://www.cde.ca.gov/re/sd/>). |  |
| District Superintendent First Name |  |
| District Superintendent Last Name |  |
| District Superintendent Phone Number (999-999-9999) |  |
| District Superintendent Phone Number Extension (If applicable) |  |
| District Superintendent Email Address |  |

|  |  |
| --- | --- |
| What is the total enrollment of the district? (For help locating the district demographics, please access DataQuest at <https://dq.cde.ca.gov/dataquest/>). |  |

**District CSEY Coordinator Information**

District CSEY Coordinator Information (applications must be submitted by the District CSEY Coordinator. The SCOE Youth Development Department will verify the submitter upon receipt of the application.)

|  |  |
| --- | --- |
| First Name  |  |
| Last Name  |  |
| Address  |  |
| City |  |
| Zip Code (99999) |  |
| Phone Number (999-999-9999) |  |
| Phone Number Extension (If applicable) |  |
| Email Address |  |

**CSEY County Coordinator Information**

|  |  |
| --- | --- |
| First Name  | Rebecca |
| Last Name  | Floyd |
| Address  | 2460 Clay Bank Road, Bldg. 6B |
| City | Fairfield |
| Zip Code (99999) | 94533 |
| County Coordinator Phone Number (999-999-9999) | 707-646-7602 |
| County Coordinator Phone Number Extension (If applicable) | 707-646-7601 |
| County Coordinator Email Address | rfloyd@solanocoe.net |

# Documentation Components

**Documentation** *(Complete the golden shaded sections below).*

The documentation should be written by the nominee's supervisor and/or nominator and can be a joint effort.

Each description has a 250 word count maximum. The name of the area will not count towards the description word count.

The documentation must include a description of how the nominee demonstrates excellence in each of the following areas:

|  |
| --- |
| **Demonstrations of Excellence - Work Performance****Requirement:** Include a description of how the nominee demonstrates excellence in work performance. (Not to exceed 250 words.) |
| [Begin here.] |
|  |
| **Demonstrations of Excellence - School and Community Involvement****Requirement:** Include a description of how the nominee demonstrates excellence in school and community involvement. (Not to exceed 250 words.) |
| [Begin here.] |
|  |
| **Demonstrations of Excellence - Leadership and Commitment****Requirement:** Include a description of how the nominee demonstrates excellence in leadership and commitment. (Not to exceed 250 words.) |
| [Begin here.] |
|  |
| **Demonstrations of Excellence - Local Support****Requirement:** Include a description of how the nominee demonstrates excellence in local support. (Not to exceed 250 words.) |
| [Begin here.] |
|  |
| **Demonstrations of Excellence - Enhancement****Requirement:** Include a description of how the nominee demonstrates excellence in enhancement. (Not to exceed 250 words.) |
| [Begin here.] |
|  |
| **Demonstrations of Excellence - Any Other Areas****Requirement:** Include a description of how the nominee demonstrates excellence in any other areas. (Not to exceed 250 words.) |
| [Begin here.] |

# Certifications

Submission of the Application by the District CSEY Coordinator indicates that the school, district has reviewed the information in the application and certify each of the statements below concerning the school's compliance with the following requirements is true and correct to the best of their knowledge:

1. The school has some configuration that includes grades early learning to grade twelve.
2. Neither the nominated public school nor its public school district is refusing the U.S. Department of Education Office of Civil Rights (OCR) access to information necessary to investigate a civil rights complaint or to conduct a district-wide compliance review.
3. OCR has not issued a violation letter of findings to the public school district concluding that the nominated public school or the public school district as a whole has violated one or more of the civil rights statutes. A violation letter of findings will not be considered outstanding if OCR has accepted a corrective action plan to remedy the violation.
4. The U.S. Department of Justice does not have a pending suit alleging that the public school or the public school district as a whole has violated one or more of the civil rights statutes or the Constitution's equal protection clause.
5. There are no findings of violations of the Individuals with Disabilities Education Act in a U.S. Department of Education monitoring report that apply to the public school or public school district in question; or if there are such findings, the state or public school district has corrected, or agreed to correct, the findings.
6. If selected as a CSEY Awardee, the classified school employee may receive gifts or merchandise from program sponsors and will be excluded from any district policy governing the acceptance of gifts.

**Agreement**:

I have agreed to submit the application by electronic means. By submitting the application electronically, I agree that my submission has the same validity and meaning as my handwritten or digital signature. I will not, at any time in the future, repudiate the meaning of my electronic submission or claim that my electronic submission is not legally binding.

**Certification:**

I hereby certify that to the best of my knowledge, the information contained in the Application is correct and complete.

## By typing your first and last name in the field below, you certify that you are the CSEY Coordinator for your school district.

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **Date:**  | *(Month / Day / Year)* |