2025 Classified School Employees of the Year

Application Information

All fields in the Application are required and must be completed, unless otherwise noted. Submit one form per nominee.

Note: The CSEY Program uses the CDE California School Directory for county, district, and school names on awardee lists and award recognitions.

Nominee Occupational Specialty

Nominee Occupational Specialty: *(Select one)*

- ☐ *Clerical and Administrative Services*
- ☐ *Custodial and Maintenance Services*
- ☐ *Food and Nutrition Services*
- ☐ *Health and Student Services*
- ☐ *Paraprofessional Services*
- ☐ *Security Services*
- ☐ *Skilled Trades Services*
- ☐ *Technical Services*
- ☐ *Transportation Services*

Nominee Information

Nominee Information

Nominee First Name:	
Nominee Last Name:	
Nominee Home Mailing Address:	
Nominee Home City:	
Nominee Home Zip Code: *(99999)*	
Nominee Home Phone Number: *(999-999-9999)*	
Nominee Current Position:	
Nominee Years in Current Position: *(Minimum of five years of service in nomination occupational specialty.)*	
Nominee Work Site Name: *(School, District, or County Office of Education)*	
Nominee Work Site Address:	
Nominee Work Site City:	
Nominee Work Site Zip Code: *(99999)*	
Nominee Work Site Phone Number: *(999-999-9999)*	
Nominee Work Site Phone Number Extension: *(If applicable)*	
Nominee Work Site Email Address:	
What Labor Union is the nominee a part of? *(if applicable)*	

Supervisor Information

Supervisor Information

Supervisor First Name:

Supervisor Last Name:

Supervisor Title:

Supervisor Work Site Name: *(School, District, or County Office of Education)*

Supervisor Work Site Address:

Supervisor Work Site City:

Supervisor Work Site Zip Code: *(99999)*

Supervisor Work Site Phone Number: *(999-999-9999)*

Supervisor Work Site Phone Number Extension: *(If applicable)*

Supervisor Work Site Email Address:

Nominator Information

Nominator Information *(If applicable; If the nominator is also the supervisor proceed to the next page of the Application.)*

Nominator First Name:

Nominator Last Name:

Nominator Title:

Nominator Work Site Name: *(School, District, or County Office of Education)*

Nominator Work Site Address:

Nominator Work Site City:

Nominator Work Site Zip Code: *(99999)*

Nominator Work Site Phone Number: *(999-999-9999)*

Nominator Work Site Phone Number Extension: *(If applicable)*

Nominator Work Site Email Address:

School Information

School Information *(If applicable; If the nominee is employed by a school district or a county office of education proceed to the next page of the Application.)*

School Name:

School Address:

School City:

School Zip Code: *(99999)*

School Website:

School Code: *(9999999; For help locating your school code, please access the California School Directory.)*

School Administrator/Principal First Name:

School Administrator/Principal Last Name:

School Work Site Phone Number: *(999-999-9999)*

School Work Site Phone Number Extension: *(If applicable)*

School Work Site Email Address: