



# The Association of Correctional Food Service Affiliates

## 2017 EMPLOYEE OF THE YEAR NOMINATION FORM

PLEASE FILL OUT COMPLETELY, SIGN AND MAIL TO ACFSA HEADQUARTERS,  
PO BOX 10065, BURBANK, CA 91510 (818) 843-6608 FAX: (818) 843-7423

**MUST BE POSTMARKED OR SUBMITTED ELECTRONICALLY TIME-STAMPED ON OR BEFORE APRIL 21, 2017.  
YOU MAY SUBMIT THIS FORM ON-LINE AT [WWW.ACFSA.ORG](http://WWW.ACFSA.ORG)**

**THE RECIPIENT WILL BE A  COORDINATOR  COOK  OTHER LINE-SERVICE PROFESSIONAL**

*Anyone in the Correctional Food Service profession that is not eligible to be nominated for the Operator of the Year award is eligible for the Employee of the Year award. Please check one of the above which applies to your situation.*

1. Criteria noted in each category must be typed, single or double spaced, and not exceed one-half page per Roman numeral.
2. A copy of the official form provided must be used. Nominations must be neat and legible to be accepted. Electronic versions are acceptable.

Typed (no more than one-half page per question) give the following information:

I. Describe your candidate's successful foodservice financial and operational techniques, such as cost and quality control standardization checks, HACCP controls, ServSafe management & procedures.

II. Describe resource management initiated or utilized within the candidate's operation, including receiving standards, storage, product handling, and waste utilization.

III. What has the candidate done that distinguishes him/her as a leader in the areas of food quality, menu concept development, food preparation and delivery techniques, and presentation?

IV. Outline the candidate's contributions to the prestige and public image of the correctional segment of the foodservice industry, through participation in community and civic involvement, interagency, governmental and/or professional foodservice organizations.

Name of Nominee \_\_\_\_\_

Title of Nominee \_\_\_\_\_

Agency/Institution \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Signature of Supervisor \_\_\_\_\_

Date \_\_\_\_\_

Phone of Supervisor \_\_\_\_\_

Name of Nominator \_\_\_\_\_

Title of Nominator \_\_\_\_\_

Agency/Institution \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Date \_\_\_\_\_

SEND COMPLETED FORMS TO: ACFSA Headquarters, PO Box 10065, Burbank, CA 91510

OR FAX COMPLETED FORMS TO: (818) 843-7423 ▲ Questions? Call (818) 843-6608 ▲ [www.ACFSA.org](http://www.ACFSA.org)

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