

STAR Employee

Nomination Form

Name of Nominee: _____

Department: _____

Reason for nomination: _____

Are you a (Please Circle): Student Employee Faculty Visitor Customer

Your Name: _____

Day time phone: _____ Date of service: _____

E-mail: _____

Print & Send completed form to: Auxiliary Enterprises, 1832 West Rd., Rec 110, Houston, TX 77054, Attn: Star Employee Team **or**
Save the form to your desktop & email to: Carol.R.Carpenter@uth.tmc.edu