

ATTACHMENT #1

PROFESSIONAL ADVISOR AWARDEE INFORMATION
Cover Page

Due January 27, 2017 to Ileana McCray, mccrayi@ufl.edu

Complete one sheet (without packet) for each college-level awardee.

Complete one sheet with packet for each University-wide nominee.

Please type in all information:

College: _____

Department/Unit: _____

Nominee Information:

Full Name and Title: (Dr., Ms., etc.) _____

(Please indicate name and UF credentials as they should appear on the plaque.)

Position Title: _____ UFID: _____

Phonetic Pronunciation of Name: _____

Email address of nominee: _____

Award Level: (select one) Leave this section blank. CALS will complete, but sign the document

_____ College-level award only

_____ College-level award AND University-level award nominee (packet attached).

Earning Account Code #: _____

(Earning Account Code # is the HR Account Number)

Dept. Code (Dept. ID): _____ (must include all 8 digits)

College budget office contact/email: _____

(Provost Office will advise when payments will occur or should be processed by College)

Nominee Signature

Dean's Signature