

**PHILIPPINE STATISTICAL ASSOCIATION, INC.**

**2018 OUTSTANDING SERVICE AWARD  
AWARD NOMINATION FORM**

**1. OBJECTIVE:**

The PSAI established the *Outstanding Service Award* beginning 2004 to recognize an individual PSAI member for continued exceptional service in line with the attainment of PSAI objectives.

**2. QUALIFICATIONS:**

Nominees must be current or past members of the PSAI. All elected officers, all committee chairs, and regular members (except the PSAI President) are eligible for this award. The award is granted to an individual member for his/her contributions and activities which are done beyond the normal scope of duties or outstanding performance in the fulfillment of PSAI activities. A person may be nominated many times and may win the award more than once.

**3. PROCEDURE:**

Nominations must be made by any PSAI member of good standing. After initial screening and recommendation by the PSAI Search and Awards Committee, the PSAI President will endorse the nomination to the Board of Directors. The Board of Directors decides upon the winner or winners, with a vote of at least a majority of Board members. Nominations will be accepted until **31 August 2018** and can be sent through email to [psai.secretariat@gmail.com](mailto:psai.secretariat@gmail.com) and [mrguerrero@bsp.gov.ph](mailto:mrguerrero@bsp.gov.ph). The award will be presented at the PSAI Annual Meeting and Christmas Party on 7 December 2018.

**NOMINEE'S CONTACT INFORMATION:**

**Personal**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country of Residence \_\_\_\_\_

Home Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Work**

Employer/ Organization: \_\_\_\_\_

Position/Title: \_\_\_\_\_



PHILIPPINE STATISTICAL ASSOCIATION, INC.

5. NOMINATOR'S CONTACT INFORMATION:

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country of Residence \_\_\_\_\_

Home Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Work**

Employer/ Organization: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Business Address: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

Business Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

AS A NOMINATOR, YOU ARE REQUIRED TO ANSWER THE FOLLOWING QUESTIONS:

*Note: If you do not answer these questions, your nomination will not be considered.*

WHAT IS YOUR RELATIONSHIP WITH THE NOMINEE?

\_\_\_\_\_  
\_\_\_\_\_

HOW LONG HAVE YOU KNOWN THE NOMINEE?

\_\_\_\_\_  
\_\_\_\_\_

DESCRIBE THE CIRCUMSTANCES UNDER WHICH YOU HAVE THE OPPORTUNITY TO ASSESS THE INDIVIDUAL'S ELIGIBILITY AS A NOMINEE FOR THE OUTSTANDING SERVICE AWARD.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Nominator's Signature

\_\_\_\_\_  
Date