



EXCELLENCE AWARDS PROGRAM



Quality Customer Service Award CRITERIA AND INFORMATION

AWARD OVERVIEW

The Quality Customer Service Award is granted to any UNF department that has:

- contributed to the enhancement of quality customer service at the University
- shown exceptional initiative in “going the extra mile”
- provided service to internal and external customers with timely and appropriate follow-up
- responded to the needs of students, patrons, or customers
- demonstrated improvement of customer service and satisfaction

Funds received from this award are to be used toward a “group” professional development or team building activity by the department receiving the award. Examples of accepted activities include attendance at conferences or seminars, participation in Webinars or other training activity, lunch/dinner for the group (excludes alcohol), team building activity such as golfing, bowling, theater.

The completed nomination packet must be submitted by 5:00 p.m. on the appropriate deadline date (<http://www.unf.edu/unfinfo/awards/>) to the Recognition & Rewards Committee Chair (Vivian Senior, Career Services, Building 2, Room 2039) to be eligible for this award.

The nomination process shall consist of:

1. The nominator completes the information at the bottom of this of this page (page 1).
2. The nominator completes a Nomination Questionnaire (page 2).
3. Attach supporting documentation if desired.
4. The nominator or nominee obtains the approval from the department’s chair or director or the vice president of the department’s division (page 3).

Questions may be submitted to the Recognition & Rewards Committee by e-mailing awardcom@unf.edu.

To be completed by the nominator

Award Quarter: 1st half of the year (Jan.-June) 2nd half of the year (June-Dec.)

Department Information

Name of the Department: _____

Will the Department know of this Nomination? Yes No

Nominator’s information

First & Last Name: _____

Department: _____

Work phone: _____

E-mail: _____

Signature: _____

Date: _____



Quality Customer Service Award SIGNATURE FORM

Department's Name: _____

Approval (by Department Chair or Director or Division Vice President)

First & Last Name: _____

Position Title: _____

Work Extension: _____

Approve Nomination: Yes No

Signature: _____

(Optional) Comments: