**FY 2023-2024**

**UCLA Staff SCHOOL OF DENTISTRY**

**SPOT Award Program**

**To be completed by the individual making a nomination of an eligible employee.**

Individual Award

Team Award

**Name of Nominee Department**

**Payroll Title Supervisor**

**Justification:** (Please state the nominee’s qualifications for this award, including as much specific information as possible concerning demonstrated actions which resulted in improved department performance, cost savings, operational efficiency, enhanced its operations, increased customer/client satisfaction, or evidence of extraordinary creativity, innovation, impact on the department or campus community, or a special one-time contribution of measurable significance to the department’s mission or strategic plan.)

**Name of Nominator Telephone**

**Signature of Nominator Date**

Approved: ❑ Yes ❑ No

**Paul Krebsbach, dean Date**