

ASTAR 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, 7779 Knight Rd., Rec 110, Houston, TX 77054, Attn: Star Employee Team
or Save the form to your desktop & email to: Charles.A.Figari@uth.tmc.edu