

DUKE UNIVERSITY  
BLUE RIBBON RECOGNITION  
RANDOM ACT OF KINDNESS AWARD  
NOMINATION FORM

*Please Type or Print*

Supervisory/Management Staff \_\_\_\_\_  
Non-Supervisory/Management Staff \_\_\_\_\_  
Please check one of the above

Person Nominated \_\_\_\_\_  
Last First MI

Department \_\_\_\_\_ Continuous Service Date \_\_\_\_\_

Position Title \_\_\_\_\_ Campus Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

**Please identify the criteria that the individual has demonstrated.**

- \_\_\_\_\_ Performed a special act of kindness or service within or outside of their assigned work area or responsibilities which has had a positive impact on another individual.
- \_\_\_\_\_ Provided excellent customer service which met a special need of a student, patient, visitor or fellow staff/faculty member.
- \_\_\_\_\_ Built the morale of others through an action or behavior.
- \_\_\_\_\_ Demonstrated sincere cooperation, positive attitude and exceptional willingness to assist others.

**In the space below, please explain how the person nominated has demonstrated the criteria checked above and why they should be considered for the Random Act of Kindness Award.**

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(Add Continuation Sheet)

**Nominator** \_\_\_\_\_ Name and Title \_\_\_\_\_

Campus Address \_\_\_\_\_ Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

**Nominee's Supervisor/Department Head** \_\_\_\_\_ Name and Title \_\_\_\_\_

Campus Address \_\_\_\_\_ Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

(Certificate will be sent to the Supervisor/Department Head for Presentation.)

**Nominations are accepted throughout the year.** Send completed form to Staff and Family Programs, Box 90520, 154 Trent Hall or fax to 681-8427.