



2019 SCMCA TECHNICIAN OF THE YEAR AWARD

Nominee: _____ Date: _____

PLEASE ADD A BRIEF BIO ON THE BACK OF THIS FORM

Jacket Size: _____

County/State Program: _____

Address: _____

City: _____ State: _____ Zip: _____

Job Title: _____

Supervisor: _____ Phone/Email: _____

WRITE A BRIEF SUMMARY SUPPORTING YOUR NOMINEE FOR THIS AWARD. (In your nomination, be specific – who, what, when and where. Attach a letter or other supporting material if needed.)

Guidelines for Selection:

1. Consistent and excellent performance with efforts above and beyond expected duties
2. General knowledge of mosquito biology
3. Service to community
4. Positive attitude: enthusiasm, pride in work
5. Team Player
6. Must be a member of the association in good standing

Please complete this form and return to:

Tammy Brewer
Richland County Vector Control
400 Powell Road
Columbia, SC 29203
Phone: (803) 576-2425
Fax: (803) 576-2498
Email: brewerta@rcgov.us

**DEADLINE FOR SUBMISSION:
September 27, 2019**