



**Macaulay-O'Sullivan Award
for Administrative Service & Administrative Innovation
OFFICIAL NOMINATION FORM**

For the fiscal year ending April 30,

Please specify which category your nomination is for:

Individual

Team

Please indicate the type of nomination:

Administrative Service

Administrative Innovation

Briefly describe the administrative service or innovation in 500 words or less:

In the appropriate category, indicate which criteria the activity or program meets. Please check all that apply.

ADMINISTRATIVE SERVICE CATEGORY

Demonstrates outstanding service, above and beyond the call of duty, to internal or external clients

Improves transparency, accountability and responsiveness

Transforms university administration so it becomes exceptionally service focused

Provides outstanding administrative service to internal or external service recipients

Improves management of human, financial and/or physical resources

Enhances health and safety

Provides a new service within existing budgets

Develops best practice

Is transferable to other departments

ADMINISTRATIVE INNOVATION CATEGORY

Successfully introduces a new approach to workplace processes or systems

Exemplifies effective risk-taking

Causes positive new behaviours or creates new patterns of productive activity

Demonstrates process innovation

Results in increased efficiency

Realizes cost and/or time savings

Increases productivity

Introduces innovative applications of technology

Results in increased revenue to the institution

Demonstrates entrepreneurship

is transferable to other departments

Who was involved? Please include name(s), title/position, department and campus. Please indicate the primary contact person for the Macaulay-O'Sullivan Award for Administrative Service & Administrative Innovation.

What impact did the activity or program have? Please provide details and, if appropriate, statistical information. Additional material may be attached to this form.

What else should the Selection Committee know about this nomination?

Name of Nominator, Department/Faculty

Email / Phone

Names and contact information of up to three people who would support this nomination:

Signature of Appropriate Dean, Director or Vice-President _____

Name _____ Department _____

