

# Illinois Association of Educational Office Professionals

*The State Professional Association of Educational Office Professionals  
Affiliated with the National Association of Educational Office Professionals*

Liz Sexson, CEOE, Chairman  
136 Carriage Way Drive Unit C-117  
Burr Ridge, IL 60527-5749  
Phone: 630-325-2665  
Email: lizs@SIU.edu

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| <p style="text-align: center;"><b>IAEOP</b><br/><b>EDUCATIONAL OFFICE PROFESSIONAL OF THE YEAR</b><br/><b>2010</b></p> |
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TO: IAEOP Affiliates  
FROM: Liz Sexson, CEOE  
DATE: December 2009  
RE: Illinois Educational Office Professional of the Year 2010

All details and instructions are contained in the attached materials. Please read through them carefully. To avoid disqualification of any candidate, it is very important that all forms be completed and postmarked by February 1, 2010. Any application received after February 1 will not be considered.

The winner will be selected by a panel of impartial judges. The selected candidate and the sponsor will be notified immediately of the judges decision. An inscribed plaque will be awarded to the winner at the IAEOP Spring Conference.

Questions may be directed to me at 630-325-2665 or my cell phone at 630-240-8011.

Good Luck!

**REMINDER:**

**Application Must be Postmarked by**

**February 1, 2010**

**IAEOP  
EDUCATIONAL OFFICE PROFESSIONAL  
OF THE YEAR  
2010**

Please read carefully and follow all guidelines

Mail original and three copies of this application (postmarked by February 1, 2010) to:

**Liz Sexson, CEO  
IAEOP Office Professional of the Year Chairman  
136 Carriage Way Drive Unit C-117  
Burr Ridge, IL 60527-5749  
Phone: 6300-325-2665  
Email: lizs@SIU.edu**

# Illinois Association of Educational Office Professionals

## Educational Office Professional of the Year

One candidate may be nominated by each IAEOP affiliate of the current affiliation year (August 1- July 31.)

The ORIGINAL and THREE (3) copies of the applications must be submitted. Do not send scrapbooks, newspaper clippings, or any other materials. All materials must be submitted by the sponsoring association at one time and no materials will be returned.

Application materials must be postmarked by **February 1, 2010**

All candidates and the sponsoring association will be notified immediately after the judges decision, and all decisions are final.

An inscribed plaque will be presented to the winner at the annual IAEOP Spring Conference.

### Eligibility

1. Candidate must be a current IAEOP member and must have held membership for a minimum of three (3) consecutive years immediately prior to nomination. (In order to qualify for NAEOP nomination, candidate must be a current NAEOP member and have held membership for a minimum of three years.)
2. Candidate must be a member of the IAEOP affiliate association submitting the nomination.
3. Candidate must currently be employed as an educational office professional (ie: secretary, clerk, bookkeeper, registrar, library aide, etc.)
4. Candidate must have been employed as an office professional for a minimum of five (5) years in an educational institution, agency, public or private school, college, or university.

### Criteria For Judging

- |  |     |
|--|-----|
| 1. Recommendation from Sponsoring Association (Form I)                       | 10% |
| 2. Education, PSP Certificates, In-service Courses Completed (Form II)       | 20% |
| 3. Membership/Leadership Roles in Professional Associations (Form II)        | 30% |
| 4. Community Activities (areas of impact in addition to education) (Form II) | 5%  |
| 5. Personnel Rating (Form III)   | 15% |
| 6. Letters of Recommendation (maximum of 3, please)                          | 20% |

Note: Please submit three (3) copies each of all forms to:

Liz Sexson, CEOE  
IAEOP Educational Office Professional of the Year Chairman  
136 Carriage Way Drive Unit C-117  
Burr Ridge, IL 60527-5749

The Illinois Association of Educational Office Professionals  
*The State Professional Association of Educational Office Personnel*

**NOMINATION FORM**

(To be completed by sponsoring association)

Name of Candidate \_\_\_\_\_

Complete Address \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Employer \_\_\_\_\_ Location \_\_\_\_\_

Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Basis for selection of nominee:

Name of sponsoring association \_\_\_\_\_

President of sponsoring association \_\_\_\_\_

Address of President \_\_\_\_\_

Telephone of President (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Note: Please submit three (3) copies each of all forms to:  
Liz Sexson, CEO  
IAEOP Office Professional of the Year Chairman  
136 Carriage Way Drive Unit C-117  
Burr Ridge, IL 60527-5749

Must be postmarked  
By February 1, 2010

# The Illinois Association of Educational Office Professionals

*The State Professional Association of Educational Office Personnel*

(To be completed by nominee)

Name \_\_\_\_\_ Position \_\_\_\_\_ No.Years \_\_\_\_\_

Address \_\_\_\_\_

Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Business address of supervisor \_\_\_\_\_

**PREVIOUS POSITIONS HELD** (Use additional sheet, if needed)

| Title of Position | Place of Employment | From  | To    |
|-------------------|---------------------|-------|-------|
| _____             | _____               | _____ | _____ |
| _____             | _____               | _____ | _____ |
| _____             | _____               | _____ | _____ |
| _____             | _____               | _____ | _____ |
| _____             | _____               | _____ | _____ |

**EDUCATION** (Include high school)

| Name of Course or Degree | Institution | No.Cr./Hrs. | Year  |
|--------------------------|-------------|-------------|-------|
| _____                    | _____       | _____       | _____ |
| _____                    | _____       | _____       | _____ |
| _____                    | _____       | _____       | _____ |
| _____                    | _____       | _____       | _____ |
| _____                    | _____       | _____       | _____ |

**PROFESSIONAL STANDARDS PROGRAM CERTIFICATES(S) HELD** (Indicate by filling in the year received)

Basic \_\_\_\_\_ Assoc. Prof \_\_\_\_\_ Advanced I \_\_\_\_\_ Advanced II \_\_\_\_\_ Advanced III \_\_\_\_\_

Assoc. Degree \_\_\_\_\_ Bachelor \_\_\_\_\_ Master \_\_\_\_\_ Doctoral \_\_\_\_\_ CEOE \_\_\_\_\_

**INSERVICE COURSES COMPLETED** (Include last ten years). List inservice courses on a separate sheet using the following format:

| Name of Program/Course | Sponsored by | No. Clock Hrs. | Year  |
|------------------------|--------------|----------------|-------|
| _____                  | _____        | _____          | _____ |
| _____                  | _____        | _____          | _____ |
| _____                  | _____        | _____          | _____ |
| _____                  | _____        | _____          | _____ |

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(To be completed by nominee)

**MEMBERSHIP/LEADERSHP ROLES IN PROFESSIONAL ASSOCIATIONS**

|           | Association | Yrs. Mbr. | Office/Committee | Year(s) |
|-----------|-------------|-----------|------------------|---------|
| National: | _____       | _____     | _____            | _____   |
|           | _____       | _____     | _____            | _____   |
|           | _____       | _____     | _____            | _____   |
| State:    | _____       | _____     | _____            | _____   |
|           | _____       | _____     | _____            | _____   |
|           | _____       | _____     | _____            | _____   |
|           | _____       | _____     | _____            | _____   |
| Local:    | _____       | _____     | _____            | _____   |
|           | _____       | _____     | _____            | _____   |
|           | _____       | _____     | _____            | _____   |
|           | _____       | _____     | _____            | _____   |

**COMMUNITY ACTIVITIES (include last five (5) years)**

|           | Organization | Community Activity or Office Held | Year  |
|-----------|--------------|-----------------------------------|-------|
| National: | _____        | _____                             | _____ |
|           | _____        | _____                             | _____ |
|           | _____        | _____                             | _____ |
| State:    | _____        | _____                             | _____ |
|           | _____        | _____                             | _____ |
|           | _____        | _____                             | _____ |
|           | _____        | _____                             | _____ |
| Local:    | _____        | _____                             | _____ |
|           | _____        | _____                             | _____ |
|           | _____        | _____                             | _____ |
|           | _____        | _____                             | _____ |

Signature of Nominee \_\_\_\_\_ Date \_\_\_\_\_

# The Illinois Association of Educational Office Professionals

The State Professional Association of Educational Office Personnel

## PERSONNEL RATING

(To be completed by immediate supervisor of nominee)

Please evaluate candidate with a short narrative in each of the following areas. The rating should cover the past five (5) years of employment, especially noting specific job performance. If in present position less than five years, office professionals should submit copies of performance evaluations from previous positions within the past five years.

OFFICE MANAGEMENT:

INTERPERSONAL RELATIONSHIPS:

LEADERSHIP:

PROFESSIONAL GROWTH:

PROFESSIONALISM:

PUBLIC RELATIONS:

KNOWLEDGE AND SKILLS:

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Signature of Office Professional

Date

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Signature of Immediate Supervisor

Date