

2019 UC Women's Initiative Nomination Form

THIS FORM IS INTENDED FOR REFERENCE PURPOSES ONLY

Please submit your nominations online via the [2019 UCWI Online Nomination Form](#)

1. Nominator First and Last Name *

2. Location *

- ANR
- LBNL
- UCB
- UCD
- UCD HC
- UCI
- UCI HC
- UCLA
- UCLA HC
- UCM
- UCSB
- UCSC
- UCSD
- UCSD HC
- UCSF
- UCSF Health
- UCR
- UCOP

3. Nominator Title *

4. Nominator UC Email Address *

5. Nominator UC Office Address *

6. Nominator UC Office Phone Number *

Nominee Information

7. Nominee Information

Systemwide Talent Management will aggregate all nominations and send to your location's leadership who will make the final decision on program participants and alternates for each cohort.

For each nominee, enter the following information for each of your location allocated nominees. *(There is no text limit to the fields)* *

	First and Last Name	Department	Title	Select One:	Email	Office Phone	What makes this candidate a good fit for the program?
Nominee 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Faculty"/> <input type="text" value="Academic Personnel"/> <input type="text" value="Staff"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nominee 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Faculty"/> <input type="text" value="Academic Personnel"/> <input type="text" value="Staff"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				<input type="text" value="Faculty"/>			

Nominee 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Faculty Academic Personnel Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nominee 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Faculty Academic Personnel Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nominee 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Faculty Academic Personnel Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nominee 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Faculty Academic Personnel Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nominee 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Faculty Academic Personnel Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nominee 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Faculty Academic Personnel Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nominee 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Faculty Academic Personnel Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nominee 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Faculty Academic Personnel Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Nominee Chart String/FAU Information

For each nominee:

1. Enter the unique Fund Accounts (FAUs)/Chart String to recharge the \$1925 per participant administrative costs.
 - At least one FAU is required for each participant (*if the FAU/Chart String is unknown at this time, please enter '999'*)
 - If using multiple FAU/Chart Strings, please indicate the percent of costs to apply to each FAU
 - The recharge will be processed upon participants' start in the cohort

*

	Nominee First and Last Name	Fund Account (FAU) #1	FAU #1: % Funds to Apply	Fund Account (FAU) #2	FAU #2: % Funds to Apply
Nominee 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nominee 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nominee 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nominee 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nominee 5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nominee 6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nominee 7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nominee 8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nominee 9	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nominee 10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

9. Please upload up to 10 letters of support or recommendation here.

Please include nominee name and location in the file name. (ex: Jones_UCD)

If you have additional files, please send to Vanessa at vanessa.cavallaro@ucop.edu.

Browse...

10. The listed nominees have the full support and commitment to complete all [program participant requirements](#). *

Your Full Name

Your Title

Signature of
Submission and
Approval