



The Association of Correctional Food Service Affiliates

2025 OPERATOR OF THE YEAR NOMINATION FORM

**MUST BE POSTMARKED OR SUBMITTED ELECTRONICALLY TIME-STAMPED ON OR BEFORE MAY 15.
YOU MAY SUBMIT THIS FORM VIA EMAIL TO JANINE@ACFSA.ORG**

- Please use this form to nominate a food service employee for consideration of Operator of the Year. The candidate for this award is to be a food service manager, administrator, or director.
- The Operator of the Year award is not for line or supervisory staff food employees; Please refer to Employee of the Year Award nomination form for line staff.
- **PLEASE FILL OUT COMPLETELY, SIGN AND RETURN THIS NOMINATION ALONG WITH SUPPORTING CRITERIA TO:
ACFSA, PO Box 10065, BURBANK, CA 91510 PHONE: 818-843-6608 FAX: 818-843-7423 OR EMAIL JANINE@ACFSA.ORG**
- Supporting Criteria noted in each category below must be typed, single or double spaced, and not exceed one-half page per Roman numeral.
- A copy of the official form provided must be used. Nominations must be neat and legible to be accepted. Electronic versions are acceptable.

Typed (no more than one-half page per question) give the following information:

- I. Describe the candidate's demonstrated efforts in successful foodservice financial and operational techniques (such as: cost and quality controls, food quality, menu concept development, attainment of major agency program goals and/or objectives).
- II. Describe how the candidate utilizes resource management and/or other initiatives to support operations and/or agency efforts (such as: training programs, employee motivation, culture of teamwork, expansion of career opportunities for staff and/or inmates, etc.).
- III. Describe qualities or efforts that distinguishes the candidate as a leader within the agency/organization.
- IV. Describe any contributions the candidate has demonstrated to the prestige and public image of the correctional segment of the food service industry (through participation in community and civic involvement, interdepartmental, interagency, governmental, and/or professional foodservice organizations).

Name of Nominee _____

Title of Nominee _____

Agency/Institution _____

Address _____

City/State/Zip _____

Phone _____

Name of Supervisor _____

Title of Supervisor _____

Agency/Institution _____

Address _____

City/State/Zip _____

Phone _____

Email _____

Signature of Supervisor _____ Date _____

SEND COMPLETED FORMS TO: ACFSA Headquarters, PO Box 10065, Burbank, CA 91510 OR FAX COMPLETED FORMS TO: 818-843-7423 or email to janine@acfsa.org ▲ Questions? Call 818-843-6608 ▲ www.ACFSA.org

MUST BE POSTMARKED OR ELECTRONICALLY TIME-STAMPED BY: MAY 15