



Employee Wellness

**Living Well at Washburn  
Award Nomination Form**

Nominee: \_\_\_\_\_

Department: \_\_\_\_\_ Email: \_\_\_\_\_

Please provide an explanation for this nomination. Please be as specific as possible.

Nominator: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print)

Signature: \_\_\_\_\_

Return to Brent Trammell in the Student Recreation & Wellness Center  
brent.trammell@washburn.edu