

Bus Driver of the Year Award

Nomination Form

This award shall be presented to a certified State School bus driver who has performed in an exemplary manner as to promote a safe, effective and efficient public transportation program. Additional pages may be added if necessary to fully explain items I and II.

Nominee Information (Does not have to be a SCAPT member):

NAME _____

TITLE _____

WORK LOCATION _____

EMPLOYER _____

I. Why is the person being nominated? _____

II. Other information that relates to the person being nominated _____

Nominator Information

NAME _____

TITLE _____

WORK LOCATION _____

EMPLOYER _____

Signature _____ Date _____

Please send all SCAPT Award nomination forms to:

Mr. Mike Bullman
509 Duncan Reidville Rd
Duncan, South Carolina 29334
Phone: 803-465-0320
E-mail: Mbullman@ed.sc.gov
Deadline: May 14th, 2010

Nominations should be based on the following criteria:

QUALIFICATIONS

- Certified Driver
- Must hold regular driver status
- Driver of the Year must operate a bus for the District a majority of the year for which the award is made.
- Must be recommended by their immediate supervisor

GENERAL PERFORMANCE RESPONSIBILITIES

- Must exhibit positive and cooperative attitude toward job.
- Exercise self-discipline in dealing with passengers, parents, and other staff members.
- Personal conduct must exemplify the image of a school bus driver.
- Must exercise mature judgment in execution of assigned duties
- Employ techniques to provide atmosphere of cohesiveness of route operation.

SPECIFIC PERFORMANCE RESPONSIBILITIES

- Attendance – Must be perfect unless excused by the immediate supervisor
- Accident free record
- Must adhere strictly to prescribed routes
- Must follow established schedules as per route requirement for operation and arrival time.
- Prepare and submit proper and necessary forms and records on time.
- Bus Maintenance – cleaning, reporting needed repairs, etc.
- Driving record must be free from violations.

President's Award

Nomination Form

This award shall be presented to an active member who is a program administrator or supervisor of transportation. The person nominated should have performed in an exemplary manner to provide a safe, effective, and efficient transportation program. Additional pages may be added if necessary to fully explain items I and II.

Nominee Information (Does not have to be a SCAPT member):

NAME _____

TITLE _____

WORK LOCATION _____

EMPLOYER _____

I. Why is the person being nominated? _____

II. Other information that relates to the person being nominated: _____

Nominator Information

NAME _____

TITLE _____

WORK LOCATION _____

EMPLOYER _____

Signature _____ Date _____

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Support Personnel Award

Nomination Form

This award shall be presented to a State or District employee working in transportation in a support service position who has performed in an exemplary manner to provide a safe, effective, and efficient transportation program. Additional pages may be added if necessary to fully explain items I and II.

Nominee Information (Does not have to be a SCAPT member):

NAME _____

TITLE _____

WORK LOCATION _____

EMPLOYER _____

I. Why is the person being nominated? _____

II. Other information that relates to the person being nominated: _____

Nominator Information

NAME _____

TITLE _____

WORK LOCATION _____

EMPLOYER _____

Signature _____ Date _____

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Deadline: May 14th, 2010

Technician of the Year Award

Nomination Form

This award shall be presented to a South Carolina public schools' technician performing in an exemplary manner to provide a safe, effective, and efficient maintenance program. Additional pages may be added if necessary to fully explain items I and II.

Nominee Information (Does not have to be a SCAPT member):

NAME _____

TITLE _____

WORK LOCATION _____

EMPLOYER _____

I. Why is the person being nominated? _____

II. Other information that relates to the person being nominated: _____

Nominator Information

NAME _____

TITLE _____

WORK LOCATION _____

EMPLOYER _____

Signature _____ Date _____

Please send all SCAPT Award nomination forms to:

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509 Duncan Reidville Rd
Duncan, South Carolina 29334
Phone: 803-465-0320
E-mail: Mbullman@ed.sc.gov
Deadline: May 14th, 2010

Humanitarian Award

Nomination Form

This award shall be presented to anyone who has performed in a manner as to have a positive and dramatic impact on the pupil transportation system and their community. This nominee could be a system employee, student, private citizen, public service employee, etc. Additional pages may be added if necessary to fully explain items I and II.

Nominee Information (Does not have to be a SCAPT member):

NAME _____

TITLE _____

WORK LOCATION _____

EMPLOYER _____

Why is the person being nominated? _____

Other information that relates to the person being nominated: _____

Nominator Information

NAME _____

TITLE _____

WORK LOCATION _____

EMPLOYER _____

Signature _____ Date _____

Please send all SCAPT Award nomination forms to:

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Duncan, South Carolina 29334
Phone: 803-465-0320
E-mail: Mbullman@ed.sc.gov
Deadline: May 14th, 2010

Hero Award

Nomination Form

This award shall be presented to anyone who has performed a heroic act that was associated with any aspect of the South Carolina Public Schools' transportation system. Additional pages may be added if necessary to fully explain items I and II.

Nominee Information (Does not have to be a SCAPT member):

NAME _____

TITLE _____

WORK LOCATION _____

EMPLOYER _____

I. Why is the person being nominated? _____

II. Other information that relates to the person being nominated: _____

Nominator Information

NAME _____

TITLE _____

WORK LOCATION _____

EMPLOYER _____

Signature _____ Date _____

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