

Nominee's Name:





## 2024 NJ Payroll Professional of the Year Application

Job Title:				Years in Payroll:			
Current Employer & Address:							
Work Phone:				Cell Pho	ne:		
E-mail Address:				1		1	
Certifications:	СРР	FPC	СРА	PHR	SPHR	ОТ	HER
Please provide a summary o	f the Nom	inee's curre	ent job resp	oonsibilities			
Please describe the Nomineo			olishments,	challenges	and hov	w they we	re met,
Significant contribution etc.	iii payroll.	·					
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Why do you think the Nomir	nee should win this award?	
Please list any activities with	a local chapter, national, job and community:	
Who should we contact at yo	ur employer should you win this prestigious award?	
Name:		
Title:	Phone:	
E-Mail:	<u> </u>	

On behalf of the New Jersey Statewide Payroll Conference Committee, we would like to thank you for your contribution to, and support of, the payroll profession in the state of NJ.

**Application Deadline: August 26, 2024** 

Please email completed documents to:

Cynthia Washington, CPP, NJSPC Committee Member: cindy.washington@apacentraljersey.org