Print Form

HUMAN RESOURCES DEPARTMENT
ATTN: HR/Recognition Committee

Employee of the Month Nomination Form

Employee Being Nominated for Award: Name:_____ Employee I.D.: _____

NOTE: Temporary, Contract, and Probationary employees are not eligible

Employee Nominating the Above Person for the Award: _____

Department Director Approval: _____ Department: _____ Date: _____

Award Criteria

Employee of the month evaluation should specifically focus on job related outputs and/or accomplishments in a **minimum of one or more of the following**:

- **Initiative/Employee Innovation/Customer Service**
  Please describe an event and/or outcome(s) that shows how the person meets this criterion:

- **Positive employee interaction**
  Please describe an event and/or outcome(s) that shows how the person meets this criterion:

- **Productivity/Quality Improvement**
  Please describe an event and/or outcome(s) that shows how the person meets this criterion:

- **Cost Savings/Cost Avoidance**
  Please describe an event and/or outcome(s) that shows how the person meets this criterion:

Official Use Only Below

The above mentioned candidate has been: ☐ selected ☐ non-selected

Chairman Signature: _____ Date: _____

Executive Secretary Signature:_____ Date: _____