



Employee of the Month Nomination Form

PERSONNEL DEPARTMENT
ATTN: Action Team Committee

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

NOTE: Contract employees are not eligible

Employee or Citizen 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 below*****

The above mentioned candidate has been: _____ selected, or _____ non-selected.

Action Team Chair: _____

Date: _____

Action Team Secretary Signature: _____

Date: _____