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# EMPLOYEE OF THE MONTH NOMINATION FORM



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I/We nominated the following individual for Employee of the Month:

Name: _____	Phone No: _____	Ext. _____
Department: _____	Division: _____	
Title: _____	Email: _____	
Department Head: _____	Email: _____	
Department Head Signature: _____	Date: _____	
Nominated by: _____	Email: _____	
Nominator Signature: _____	Date: _____	

**Category for Recognition:**

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Quality of work:</b> Knowledge, experience, judgement, organization, effectiveness of communication, problem solving. | <input type="checkbox"/> <b>Contributions toward improving organizational moral:</b> Positivity, internal customer service, co-worker support |
| <input type="checkbox"/> <b>Respect of fellow employees:</b> Integrity, work ethic, team spirit, attitude.  | <input type="checkbox"/> <b>Quantity of work:</b> Initiative, industry, perseverance  |
| <input type="checkbox"/> <b>Effectiveness of public contact</b>   | <input type="checkbox"/> <b>Actions that improve public image of county government</b>  |
| <input type="checkbox"/> <b>Other:</b> Please summarize   |   |

**Justification:**

Please provide a detailed description of the special service or project and the outcome of this effort or the qualities of job performance that support this nomination.