

**EL MARSH CARE**

**Employee Recognition Program**

 **Employee of the Month Nomination Form**

Please consider the **CRITERIA** listed in the program description as guidelines to complete the Nomination Form.

# NOMINATION FORM

Nominee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nominator Name (not compulsory) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location/Service name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please give specific examples of how the nominee has carried out the Employee Recognition Criteria of:

**Attitude and Commitment**

**Interpersonal Skills**

**Work Performance**

**Personal Traits**

**Your nomination can be anonymous, you may choose not put your name on the nomination. Your nomination should be no longer than two typewritten pages. Nominations must be complete by the 14th of the 4th month after each quarter. for consideration for the next quarter’s selection process.**