Employee of the Month Nomination Form



This nomination form may be filled out at any time, and may be submitted by anyone. However, the **exceptional achievement** must have been accomplished within the previous three months and be aligned with the **Cornerstones of Achieving Excellence** at Hallmark Health.

Please submit the completed form to the Human Resources Department. The Selection Committee meets monthly to review all nominations. All Nominations will be acknowledged to both the nominee and to the person submitting the nomination. In addition, Human Resources will send a copy to the nominee's immediate supervisor for additional comments.

Information about the Nominee	
Name:	Dept.:
Work Telephone #:	Campus/Facility:
Job Title (if known):	
Information about Individual Submitting Nomina	n <u>tion</u>
Name:	Dept.:
Work Telephone #:	Campus/Facility:
Job Title (if known):	
	r, etc.):
Signature:	Date:
Information on Outstanding Performance or Disti	inguished Achievement by Nominee
	ficant achievement in at least one of the five areas listed below. Please write a complete ling examples as they relate to the Cornerstones of Excellence and going above and
Service: Achievement in Patient, Employee and P	Physician Relations



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People: Inter- and Intra- Department Cooperation
Growth: Innovation and Productivity
Quality: Technical Achievement in Job Performance
Finance: Fiscal Responsibility
Other Comments:

Thank you for your thoughtfulness in preparing this nomination. We appreciate your input. Please return this form to the Human Resources Office.

