

## Employee of the Quarter Nomination Form

Date: \_\_\_\_\_

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

Job Title: \_\_\_\_\_

Department: \_\_\_\_\_

Select the category or categories of criteria that reflects this nomination:

- \_\_\_\_\_ original and innovative resolution of critical issues
- \_\_\_\_\_ county savings
- \_\_\_\_\_ service to fellow employees
- \_\_\_\_\_ service to citizens
- \_\_\_\_\_ inspirational service or impact
- \_\_\_\_\_ one-time outstanding contribution or effort
- \_\_\_\_\_ exceptional contribution to the community
- \_\_\_\_\_ other (please give an example) \_\_\_\_\_

Justification:

Please state why you consider this employee to be deserving of this nomination. Include as much information as possible, emphasizing contributions *above and beyond* those that should be expected of the employee performing the normal duties of his/her position. (Additional information may be attached or written on the back of this form.)

Please write your statement of support:

---

---

---

---

---

---

---

---

Name(s) of Nominator(s): \_\_\_\_\_

Signature(s) of Nominator(s): \_\_\_\_\_

To Be Completed By Committee:

Qtr \_\_\_\_\_ Division \_\_\_\_\_ Notification \_\_\_\_\_