



Employee of the Month Nominee Submittal Form

Nominee Information:

Name: _____ Position: _____

Department: _____

Reason for Nomination:

Employee initiative(s) to serve or create cost savings

Suggestion(s) that would increase efficiency of services and/or create a cost savings

Innovative idea(s) to improve and/or promote safety

Contribution(s) of a unique nature

Specific Examples of Nominee's Contribution:

Nominated by:

Name: _____ Date: _____

Department: _____ Position: _____

Review and Approval:

Initial

_____ Nominee is adhering to the COR Time and Attendance Policy.

_____ HR has not taken any disciplinary action against Nominee within the past (1) year.

_____ Nominee's performance evaluation reflects a "successful performer" or above rating for the past (1) year.

_____ Nominee is out of their introductory period.

_____ Nominee is not a Department Head, Division Director, Chief, Deputy Director, or Manager.

Department Head/Chief/Division Director: _____ Date: _____