

EMPLOYEE OF THE MONTH Nomination Form

Passavant Area Hospital is proud to have a wonderful staff of caring, dedicated individuals. We welcome the opportunity to recognize these individuals through recognition programs such as our Employee of the Month Program. If you know of an employee who deserves this recognition, we encourage you to participate in the program. Anyone may nominate an employee for this recognition. To nominate, please complete the information below and click the submit button. Thank you.

Those Eligible for Employee of the Month

All active employees of Passavant Area Hospital, with the exception of the President & Chief Executive Officer, Vice Presidents, department heads, staff physicians and those who have been chosen Employee of the Month during the previous four years are eligible for the award.

Nomination for Employee of the Month

Name _____ Department _____

Please describe why you think this employee merits an employee recognition award. Criteria to consider when nominating an employee include personal and professional appearance, confidentiality, outstanding interpersonal skills (especially with co-workers, patients, and visitors), and outstanding service and respect for Passavant Hospital. Please use specific examples where applicable. If no comments about the person you are nominating are written on this form, the nomination **will not** be considered.

Comments:

Name of Nominator

Form must include name of nominator to be valid.

Date

Once you have completed this document please save it as an attachment and email it to heaton.kristin@mhsil.com
Thank You!