

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER

Employee of the Month Nomination Form

For the month of: \_\_\_\_\_ Date Submitted: \_\_\_\_\_
Employee Name: \_\_\_\_\_
Employee Job Title: \_\_\_\_\_
Department: \_\_\_\_\_
Length of Employment with the Hospital: \_\_\_\_\_
Immediate Supervisor: \_\_\_\_\_

Evaluation Criteria: ( PLEASE PRINT)

- A. Describe how the employee extended beyond normal work requirements.
B. Describe how the employee generally portrays a positive attitude.
C. Describe how the employee projects a positive image and how does the employee represent the department well.
D. Describe how the employee is respected by others for consistently producing quality work, being courteous and showing concern for others.
E. Describe how patients and/or fellow employees feel about the interaction with the nominee.

In the space below, provide a DETAILED DESCRIPTION of your nominee's OUTSTANDING ACCOMPLISHMENTS (s), which depict exceptional performances, or manner in which he/she has exceeded. ( PLEASE PRINT)

(ATTACH A SEPARATE SHEET OF PAPER IF NECESSARY)

A nomination of an employee may be rolled over for maximum of two (2) months.

Do you want your nomination rolled over? Please circle one. Yes No

RCRMC: When completed place in appropriate lock boxes located in the cafeteria, medical mall and lower level near spine clinic. DHS: Return to your supervisor

Submitted by: \_\_\_\_\_
Title: \_\_\_\_\_