

# Employee of the Month Nomination Form

Completed forms should be submitted to Human Resources by the 1<sup>st</sup> of the month. Please refer to the Employee of the Month Policy for guidance.

Nominee Name: \_\_\_\_\_ Department/Site: \_\_\_\_\_

Nominator Name: \_\_\_\_\_ Department/Site: \_\_\_\_\_

**Reason/s for Nomination:** (remember that performance should be over and above of what normally would be expected as part of the day-to-day role – refer to policy for guidance)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Nominator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For HR Completion**

Date received by HR: \_\_\_\_\_

Nomination Criteria Met? (circle as applicable)    YES    NO

Award Given (circle as applicable)    YES    NO

**HR Comments:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_ PRINT: \_\_\_\_\_ Date: \_\_\_\_\_

Doc No	Owner:	Authorised:	Location	Classification	Issue Date	Page
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