

Administrative Regulation 95.91 – Employee Rewards and Recognition Program

ATTACHMENT 2



EMPLOYEE OF THE QUARTER NOMINATION FORM

Quarter/Fiscal Year: _____ Date: _____

Name of Employee making nomination: _____

Name and Employee ID# of the Employee you are nominating:

Department/Division/Designated Employee Group:

Classification and Job Title (if different): _____

Please explain why this employee should be nominated for Employee of the Quarter in the space provided. (Attach additional pages as necessary). Please give specific and detailed examples related to exceptional work performance, outstanding customer service, professionalism, cooperativeness, reliability, etc. in order to demonstrate why this employee should be nominated for Employee of the Quarter.

Employee meets all required criteria and eligibility requirements of award identified in A.R. 95.91: Yes _____ or No _____

Is this employee the Selection Committee confirmed recipient of Employee of the Quarter Award for your Department/Division or Designated Employee Group: Yes _____ or No _____

Appointing Authority Name (Print Name): _____

Appointing Authority Signature: _____ Date: _____

For HR use only HR Representative Name	Does nominee meet all eligibility criteria per AR 95.91? Yes or No	Signature and date
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