



HOPE ENTERPRISES, INC.

EMPLOYEE OF THE MONTH

NOMINATION INSTRUCTIONS

1. Any staff member may nominate a candidate for Hope EOTM, at any time.
2. Nominators will carefully evaluate the candidate's overall contribution to the agency/program before completing the narrative portion of the nomination form. Complete forms will be submitted to the HR Generalist.
3. The HR Generalist will share the candidate's nomination with their supervisor before review from the EOTM Committee and the supervisor must sign off on the nomination. If an EOTM committee member nominates an employee who is not under their supervision, the nomination subsequently goes to the immediate supervisor for input. If an EOTM committee member nominates one of their own staff, the nomination will be reviewed by another EOTM committee member.
4. The nominations will be reviewed at the next EOTM Committee meeting.
5. Each EOTM Nomination form will remain in the active file for one (1) year. The committee may select from these forms at any given point.
6. The completed Nomination Form for candidates selected as EOTM will be forwarded to the Human Resources Department to be filed in the employee's personnel file.



Employee of the Month Nomination Form

Helpful
Other-Oriented
Professional
Enthusiastic

Nominee: _____

Position: _____

Work Site: _____

Please describe your nominee's superior skills, strengths, and accomplishments: _____

Please describe your nominee's exceptional contributions to the agency/program goals: _____

Please leave any additional comments that may help the selection committee understand this nominee:

Signature of Nominator

_____/_____

Date of Nomination

PLEASE FORWARD TO THE APPROPRIATE SUPERVISOR



Employee of the Month Nomination Form

SUPERVISOR OF THE NOMINEE TO COMPLETE THE BOTTOM PORTION

Supervisor's comments: _____

Please check one: Nomination approved by the supervisor
 Not approved by the supervisor

Signature of Supervisor

_____/_____/_____
Date forwarded

PLEASE FORWARD TO THE APPROPRIATE EOTM COMMITTEE REPRESENTATIVE

EOTM Committee member's comments: _____

Please check one: Nomination approved by the EOTM member Not approved by the EOTM member

EOTM before? Yes No If yes, date: _____

Date of Hire: _____

Signature of EOTM Member

_____/_____/_____
Date forwarded

PLEASE FORWARD TO THE RECRUITMENT SPECIALIST/CHAIRPERSON BEFORE THE NEXT MEETING OF THE EOTM COMMITTEE

Eligible for EOTM from _____ to _____
Month/Year Month/Year

Signature of Chairperson

Date presented

Selected as HOPE EOTM for _____/_____/_____
Month/Year Forwarded to the HR Department on _____/_____/_____
Month/Year