



C O N F I D E N T I A L

I, _____ am nominating _____
for Employee of the Quarter. To assist the committee in evaluating this candidate, please
respond to each section below.

ELIGIBILITY: All nominations must be benefited, classified employees (not necessarily AFSCME) with at least two years of service in order to be eligible. If you have a question regarding the employment status of the person you want to nominate, please call Deborah Malo at Ext. 6026. Employees may only win once a year.

NOTE: This nomination is added to a pool of employees who are considered at every Employee of the Quarter meeting. This form must be returned as soon as possible in order for the nominee to be eligible for next quarter's Award. Every nomination form received is kept in a continuously growing pool of applicants, with all nominations being reconsidered at every meeting.

DATE:

1. This employee is a CARING and CONCERNED individual, as evidenced by interaction with staff and/or students.

2. This employee possesses a sense of RESPONSIBILITY and is RELIABLE.

3. This employee is ENTHUSIASTIC and INSPIRED, serving as an INSPIRATION to those around him/her.

4. This employee VOLUNTEERS time and effort, being involved in College and/or Community activities.

5. This employee strives for EXCELLENCE (hard working, industrious, innovative and flexible).