EMPLOYEE OF THE MONTH NOMINATION FORM

*** (Or Attach Your Own Recognition Form) ***

Nominee Name _____ Title _____

Your Name_____ Title_____

Business Name _____

Address _____City_____ Zip _____Phone_____

Length of Service_____Month of Nomination _____

PLEASE COMMENT ON EMPLOYEE

***Please keep in mind that the criteria to be considered for Employee of the Month includes Knowledge of the Area, Friendliness, Quality of Service, and Role Model for fellow employees. ***

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GUIDELINES FOR EMPLOYEE OF THE MONTH

-Employee (paid or as an unpaid volunteer) must be associated one year or longer with company.

-Employee of the Month qualifies to be selected as Employee of the Year.

-Nomination Forms will be kept on file for 90 days. The forms on file will be used to select an Employee of the Month.

-Employees may be nominated more than one time in 12 months, but if chosen Employee of the Month, they may only receive this award one time in a period of 12 months.

PLEASE RETURN: ATTENTION BOBBI PRICE

Phone: (541) 265-8801 or Fax: (541) 265-5589, Bobbi@newportchamber.org