

EMPLOYEE OF THE QUARTER NOMINATION FORM

NOMINEE INFORMATION

Nominee/Employee Name: Title:

Contact Phone Number: Contact Email:

Supervisor/Manager: Department:

NOMINATOR INFORMATION

Name: Department:

Contact Phone Number: Contact Email:

What special action(s) did this employee demonstrate that prompted this nomination? (provide detailed examples).

Work Relationships: promoting team efforts; interacting with coworkers and others (provide detailed examples).

Achievement of Objectives: by supporting the mission of Partners In Home Care, Inc. (provide detailed examples).



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Service/Customer Relations: providing excellent customer service both internally and externally to include volunteer and/or community service (provide detailed examples).

Performance: striving for exceptional performance and quality of work; and promoted excellence in others (provide detailed examples).

Signature

Date

Thank you for taking the time out of your busy day to recognize a PIHC employee!

2024 Nominations are due by March 25th, June 24th, September 23rd, or December 16th which preceded the award month.

Nomination forms should be emailed to HR@partnersinhomecare.org
