

Employee of the Month

NOMINATION FORM

Your name: _____

Your department: _____

Nominee name: _____

Nominee department: _____

Please check the credo statement(s) your nominee exhibits:

I show respect.

I am committed to those we serve.

I am responsible for safety and high performance.

I listen and communicate effectively.

I have a sense of ownership.

In less than 300 words, please tell the story of why your nominee should be our next employee of the month. Your nomination will be edited to limit identifying details. Nominations will be considered for two consecutive months.



GreatRiver
HEALTH