

Please fill out form and send it to any TSC Member via internal mail.

Employee of the Quarter Nomination Form

I would like to nominate

Employees Title

Department

as this employee has exhibited exemplary performance above and beyond the scope of his/her regular job duties. As a result, I make this nomination for the following reasons:

Submitted By (optional):

Departmental Review

This section must be completed by Department/Unit Head or Director

Is the nomination of this employee and his/her possible selection for the Employee of the Quarter Award acceptable to you?

Yes

No

Additional Comments:

Department /Unit Head or Director Signature: _____

Date:

Human Resources Approval:

Yes

No

If No, Reason:

Human Resources Signature: _____

Date:

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