

NOMINATION FORM
“EMPLOYEE OF THE QUARTER”
REWARDS & RECOGNITION PROGRAM

Date: _____

Who are you nominating? _____

What is their department? _____

Your name: _____

Your department: _____

This program is open to all staff. To nominate, tell us a specific story about why they should be selected as the “Employee of the Quarter”. Take into consideration the nominee’s excellence in performance, ability to act as a role model, demonstration of compassion/empathy, overall sense of professionalism, ability to work as part of a team, interaction with co-workers, patients and families and in keeping with Montefiore Nyack Hospital’s We Care standards. Please sign and date this form. Upon completion, bring this form to the Human Resources Department.

(Attach additional sheet if necessary)

Signature: _____ Date: _____