



Nomination Form
Special Thanks and Recognition

The Bradford Regional Medical Center **Star Employee of the Month** Program is a reward program designed to acknowledge employees who demonstrate outstanding performance and inspire others. I would like to nominate the following BRMC employee for the Star Employee of the Month award.

Name: _____ Department: _____

This individual demonstrates outstanding performance in (Please mark all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Customer Satisfaction | <input type="checkbox"/> Ownership/Accountability |
| <input type="checkbox"/> Continuous Performance Improvement | <input type="checkbox"/> Excellence in Performance |
| <input type="checkbox"/> Teamwork Communication | <input type="checkbox"/> Other (specify) _____ |

(If you need more space, please continue on the reverse side)

Nominator: _____ Date: _____

Thank you for your nomination. You may turn in your nomination to the Human Resources Department or to one of the designated “Star Employee of the Month” boxes located throughout the facility.