

EMPLOYEE OF THE MONTH/QUARTER NOMINATION FORM
DEPARTMENT OF MENTAL HEALTH DIVISION OF DISABILITIES REGIONAL OFFICES

“The Employee of the Month/Quarter is a Missouri State Employee who has provided outstanding service as a Regional Office co-worker and /or a public servant to the citizens of the State of Missouri.

INSTRUCTIONS:

Please complete the nomination form without indicating the nominee’s name in your descriptions on page 2. The nominee’s name is only to be listed on page 1 of this form. The nomination form must be signed by the employee’s supervisor and the Assistant Director-Habilitation for final approval.

All Regional Office employees are eligible for nomination for the Employee of the month/quarter except the following: Regional Directors, Assistant Directors, and Mental Health Managers classified employees.

Please tell us about the Nominee:

Name: _____

Team: _____

Please tell us about you (Nominator):

Name: _____

Telephone number: _____

Please complete the attached page and obtain all necessary signatures in the order listed before submitting this form to the Employee of the Month/Quarter Coordinator.

Signature of Nominator:

_____ Date _____

Signature of Assistant Director-Habilitation

_____ Date _____

Signature of Nominee’s Supervisor

_____ Date _____

Signature of the Employee of the Month/Quarter Coordinator

_____ Date _____

Appendix A

QUESTION 1.

Explain why you are nominating this person and how their performance made a difference. Please be sure to include who benefited from it.

QUESTION 2.

Has this person performed a task/duty this month or quarter that exceeds their job expectations? If so, please explain.