

Employee of the Month Nomination Form

Passavant Area Hospital is proud to have a wonderful staff of caring, dedicated individuals. We welcome the opportunity to recognize these individuals through recognition programs such as our Employee of the Month Program. If you know of an employee who deserves this recognition, we encourage you to participate in the program. Anyone may nominate an employee for this recognition. To nominate, please complete the information below in as much detail as possible. Mail to Passavant Area Hospital, Human Resources Director, 1600 West Walnut, Jacksonville, IL 62650.

Those Eligible for Employee of the Month

All active employees of Passavant Area Hospital, with the exception of the President & Chief Executive Officer, Vice Presidents, department heads, staff physicians, members of the Employee Relations Committee, and those who have been chosen Employee of the Month during the previous four years are eligible for the award.

Nomination for Employee of the Month

Name	Department	
Please describe why you think this em when nominating an employee includinterpersonal skills (especially with co-Passavant Hospital. Please use specific additional comments. If no comments nomination will not be considered.	e personal and professional appearan -workers, patients, and visitors), and c examples where applicable. Please us	nce, confidentiality, outstanding outstanding service and respect for se the back of this sheet for
Signature of Nominator Form must be signed to be valid.	Date	ERC Use Only Date Rec. Dept. Head Verif.