



Employee Recognition Program
Criteria for Employee of the Month
Justification for Nomination
For the Month of: _____

Employee

Supervisor's Name/Office Title/Phone #

Nominee/Title/Phone #

1. Demonstrates a positive impact on the health of residents and/or visitors in Miami-Dade County and surrounding counties in Florida. (Provide at least one specific example)

2) Produced business results in the form of increased productivity, increased revenues, reduced costs and/or improved processes/operations benefiting the department as well as customer satisfaction. (Give at least two recent examples).

- 5) Demonstrates the department's values of integrity, accountability, quality, professionalism, commitment to performance of duties in meeting at least one of the MDCHD's local Strategic priorities (Prevention, Return on Investments, Customer-Driven Excellence, or Bioterrorism preparedness and Response) or linkage to all of them.

Justification:

Typed double-spaced – Arial or equivalent – 12 pt.

Enter justification paragraphs under each criteria heading

The justification should explain how the Nominee's merits meet each of the criteria listed

Please omit name and use generic terms, i.e., Nominee, Team

Use additional sheets 8 ½ X 11 white paper if needed

AWARDS COMMITTEE USE ONLY:

Date Received: _____ Date Committee Ranked: _____

Date returned for insufficient Information: _____

Date Award Presented: _____ Cost: _____

Log Number Assigned: _____ Certified by: _____

Did the Nominee (s) have any disciplinary action within the past 12 months?

Yes _____ No _____