

St. Clair County Community Mental Health Authority
Outstanding Team/Employee Nomination Form

☐ Employee☐ Team of the Month

I. STAFF/TEAM BEING NOMINATED: _____

NOMINATED BY: _____ **For the Month of:** _____

II. INSTRUCTIONS:

- This form may be used to nominate a coworker to receive an "Outstanding Employee of the Month" award.
- Recipients will select a gift from available choices, a letter from the Executive Director, name included on SCCCMH Employee of the Month plaque, an individual plaque, mention in the Agency newsletter and at an Agency-wide meeting.
- Additionally, recipients will be eligible for selection as SCCCMH Employee of the Year.
- All **REGULAR** part time and full time employees who have successfully completed their probationary period are eligible.
- A recipient may receive the recognition more than one time within a year.

Please use the space below to describe why you are nominating this person. Use the nomination guidelines (below) as a reference. Use the back of this form for additional comments, if necessary.

III. NOMINATION GUIDELINES:

- Although we appreciate it when a person "does a good job," this form is not for recognizing someone for simply doing a good job.
- Rather, use this when nominating a coworker who has gone "Above and Beyond" in terms of his or her effort, conduct, or behavior. For example:
 - ** TEAM WORK
Candidate has taken action to strengthen communication and cooperation among staff.
 - ** PROVIDING SERVICE EXCELLENCE/RECOVERY FOCUS FOR PERSONS WE SERVE
Candidate has taken action or demonstrated behavior that, although not required or expected, served to enrich or enhance the life of a **PERSON WE SERVE**.
 - ** INNOVATION / CREATIVITY
Although not expected or required, candidate has introduced well thought out ideas and solutions to problems that result in improved services to **PERSONS WE SERVE** and/or reduced costs.
 - ** DIGNITY AND RESPECT
Candidate has demonstrated specific behavior which exemplifies the Agency value of treating people with the highest degree of dignity and respect.
 - ** COMMUNITY COMMITMENT
Candidate has demonstrated specific behavior which exemplifies the Agency value of contributing to community activities by providing valued met or unmet community needs.

PLEASE SUBMIT YOUR COMPLETED NOMINATION FORM TO
ADMINISTRATION: C/O Kristen Thames @kthames@scccmh.org

Thank You!