



**DOCTORS'
MEMORIAL
HOSPITAL**



**Shining Star
Employee Recognition Program**

Procedure:

Complete this nomination form on a co-worker who was observed doing something special beyond their job duties or are outstanding in performing their job duties and forward to Human Resources Department.

Qualities to take into consideration are: loyalty, act of kindness to a patient, visitor or co-worker, one who is a merit and value to the organization, one who has enthusiasm, flexibility, initiative, is creative, is responsible, follows policy, demonstrates respect, leadership and sets a professional example.

HR will award the employee a Shining Star Ribbon and submit their nomination for consideration in the Employee of the Month program.

Nomination Form

Employee Name: _____

Department: _____ **Date:** _____

Reason why employee warrants recognition:

Nominator: _____

Department: _____ **Date:** _____

HR use only

Employee recognized and given a Shining Star Ribbon: _____ **(Date)**