



ASHLEY COUNTY MEDICAL CENTER

STAR EMPLOYEE OF THE MONTH

Please mark appropriate box below

☐ NURSING

☐ EMPLOYEE

Nominated Employee: _____ Dept: _____

Nominated by: _____ Date: _____

Please describe why you feel the nominee should be selected as Star Employee winner for the month. Address each criteria, if applicable, in the space provided.

1. Please explain in detail why this employee should receive the Star Employee of the month:

2. Of the Always Behaviors, which **areas** does the employee shine in:

3. Additional Comments:

Nominations are to be turned in to Shirley White-Human Resource by the 15th of each month.