



Employee of the Month Nomination Form



This Form Is Secure

This form is submitted over SSL for your security

Today's Date:

... *

Your Name:

*

Your Phone:

Your Email:

*

You are a:

IVC Employee

IVC Student

Other

Nominee Name:

*

Nominee Department:

Select a Department

*

Nominee is a:

Faculty Member

Staff Member

Other

The Nominee Has:

Indicate which of the following criteria the employee has met. (Check all that apply).

Exhibited initiative and enthusiasm

Advanced a cost/time saving idea

Exhibited extraordinary action in time of emergency

Consciously enhanced
the College's image

Voluntarily involved in
community services/
activities/projects

Outstanding
achievement beneficial
to the College