

COLLEGE OF ALLIED HEALTH



Employee of the Quarter Nomination Form

Your Name:

Department:

Nominee:

PLEASE CHECK ONLY ONE BOX FOR EACH QUESTION BELOW

1	Does the employee have a satisfactory attendance record?	NO	AVERAGE	1	GOOD	2	EXCELLENT	3
2	Does the employee complete tasks and follow through with commitments to others in a timely fashion?	NO	AVERAGE	1	GOOD	2	EXCELLENT	3
3	Does the employee willingly work beyond their job description?	NO	AVERAGE	1	GOOD	2	EXCELLENT	3
4	Is the employee willing to learn new skills via workshops, brown bags, etc?	NO	AVERAGE	1	GOOD	2	EXCELLENT	3
5	Has the employee served on University or College Committees?	NO	AVERAGE	1	GOOD	2	EXCELLENT	3

6 Is the employee consistently cooperative and respectful to faculty, students and fellow employees?

NO

AVERAGE

1

GOOD

2

EXCELLENT

3

TOTAL SCORE _____
(TO BE COMPLETED BY SAC)

Additional Comments

*(List specific examples supporting the scores above.
Describe other contributions to be considered.)*

Please email your nomination to:

Leslee-Smith@ouhsc.edu

Leslee Smith, Chair

Staff Advisory Committee