



State of West Virginia Department of Administration  
Employee of the Month  
Nomination Form

**TELL US ABOUT YOUR NOMINEE (please type or print clearly)**

Name: \_\_\_\_\_

Department: \_\_\_\_\_ Job Title: \_\_\_\_\_

**Brief Description of Job Duties:**

Years of Service: \_\_\_\_\_ Date Hired: \_\_\_\_\_

Submitted by: \_\_\_\_\_ Title: \_\_\_\_\_

Division/Section: \_\_\_\_\_ Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Nominee (please check one):

- Supervisor  Co-worker  Customer  Other

**TELL US WHAT IS EXTRAORDINARY ABOUT YOUR NOMINEE**

❖ How does your nominee produce work-related service that is above and beyond normal expectations?

❖ How does your nominee promote harmony with co-workers?

❖ How does your nominee promote a positive image of the Department/Section/Unit?

❖ How does your nominee maintain exemplary work standards?

- Initiative:
- Creativity:
- Assistance:
- Professionalism:
- Other:
- Provide Example(s):

❖ How does your nominee present a helpful/cooperative attitude?

❖ How does your nominee demonstrate exemplary use of time (includes work time and leave use)?

❖ How does your nominee improve their community?

**Please attach additional pages, as needed, to detail the services and/or accomplishments of your candidate for outstanding recognition as Employee of the Month.**

*Note: The performance upon which the selection is based must be above and beyond that which would be expected from dedicated employees who are fully and completely discharging the duties and satisfying the requirements of their job.*

Submit your nomination to: Employee of the Month  
Office of the Secretary  
Department of Administration  
Capitol Complex, Bldg. 1, Rm. E119  
1900 Kanawha Blvd., East  
Charleston, WV

Form received in Office of the Secretary:

Date: \_\_\_\_\_

By: \_\_\_\_\_