Employee of the Month

Nomination Form

(Please fill out this form and give to any PAR Team member)

I, ____________________________nominate ____________________________ for Employee of the Month.

Nominee must be an employee of USU Facilities:

(Please check one)  □ Full-Time Employee:  at least one year
                   □ Part-Time Employee:  at least 2080 hours

*Please describe in detail why you feel this person is deserving of being awarded Employee of the Month:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Please let us know how we can contact you:

Phone: _____________ Radio: ________