EMPLOYEE OF THE MONTH NOMINATION FORM

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The City of Coral Gables, "The City Beautiful," wishes to recognize those employees who best reflect our Mission: Dedicated people, providing exceptional services, to residents, businesses and visitors, while preserving our historic heritage. If selected, the Employee of the Month receives $400 cash along with a plaque presented during a City Commission meeting. A photo of the employee is also displayed in City Hall for the duration of that month, as well throughout City departments. In addition, the Rotary Club of Coral Gables honors the chosen employee with a plaque presented during their monthly luncheon. Additionally, Employees of the Month become eligible for Employee of the Year.

Eligibility - All regular, full time employees except for: temporary, seasonal or employees on probation, employee's eligible for Police Officer or Firefighter of the Month programs, Directors, Assistant Directors, and those who have been previous Employees of the Year.

Procedures - Nominations may be submitted by any Coral Gables Director, or resident.

Directors - Should complete the form and e-mail it to kingersoll@coralgables.com or send it via inter-office, confidential envelope to Kenneth Ingersoll, Human Resources.

Residents - Should complete the form and deliver, or mail it to: City of Coral Gables, Employee of the Month Coordinator, 2801 Salzedo Street, 2 Floor • Coral Gables, FL 33134. This form can also be emailed to kingersoll@coralgables.com.

I am nominating _____ of the _____ Department to be Employee of The Month, because she/he exemplifies the following Qualities**:**

Doesn't just do the job well but is dependable, and is a team player who consistently goes above and beyond normal expectations. Shows initiative, solves problems, offers help, gives support, and has a positive attitude.

Values: Responsiveness, Integrity, Dedication, Competency, Loyalty, Innovation, and Accessibility.

In Your Own Words (Attach sheet if additional space is needed):

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All nominations will be shared with the department director for further comments

Print Name: _____ Date: _____

Signature: _____