



CITY OF COLUMBIA EMPLOYEE OF THE MONTH PROGRAM GUIDELINES

The City of Columbia *Action Team* is responsible for the city's Employee Recognition Program, *Employee of the Month* (EOM). The Action Team accepts nominations for the EOM Program on an ongoing basis, encouraging Columbia residents and City departments to nominate employees whose contributions to the organization, citizens and businesses go above and beyond, standing apart from the employee's regular work duties.

NOMINATIONS

Thinking of nominating someone for employee of the month? The following are the guidelines for a nomination along with the Nomination form on Page 2 and 3.

- Nominations are for individual city employees (not groups) and no contract employees.
- No employee whose status is pending or undergoing disciplinary action shall be nominated.
- Performance should be "above and beyond" what is normally expected in the day to day performance of job duties.
- The nomination form must be filled out completely, including the section providing four (4) areas of outputs and/or accomplishments (minimum of at least one area is required for consideration).

Nomination forms are to be dropped off at City Hall-Personnel Dept., or sent to the attention of Columbia Personnel Department Attn: Connie Etzkin, 700 N. Garden St., Columbia, TN 38401 or by email to cetzkin@columbiatn.com.

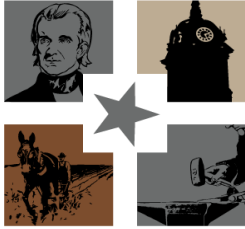
Nominations must be received by the 15th of each month.

Nomination forms are available on the City of Columbia employee website at [Employee of the Month Nomination Form](#) or included below.

AWARDS

Employees selected as Columbia Employee of the Month are awarded a certificate of appreciation, a city pin, and a gift card of \$50.

If you have any questions you may contact the Personnel Department at 931-560-1570.



CITY OF COLUMBIA
EMPLOYEE OF THE MONTH
NOMINATION FORM

The City of Columbia Employee I would like to nominate is: *(Contract employees are not eligible.)*

NAME _____ **EMPLOYEE I.D.** _____

The City Employee or Citizen making this nomination is:

NAME _____ **DEPT** _____

ADDRESS _____ **EMAIL** _____

Award Criteria

Employee of the month evaluation should specifically focus on job-related performance and/or accomplishments in a **minimum of one or more of the following**:

- **Initiative/Employee Innovation/Customer Service**

Please describe an event and/or outcome(s) that shows how the person meets this criterion:

- **Positive employee interaction**

Please describe an event and/or outcome(s) that shows how the person meets this criterion:



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- **Productivity/Quality Improvement**

Please describe an event and/or outcome(s) that shows how the person meets this criterion:

- **Cost Savings/Cost Avoidance**

Please describe an event and/or outcome(s) that shows how the person meets this criterion:

*****OFFICIAL USE BELOW*****

Nominated Employee's Department _____

Department Director Approval _____ Date _____

The above mentioned candidate has been: ____ selected or ____ non-selected.

Action Team Chair _____ Date _____

Action Team Secretary Signature _____ Date _____