**I – 4 Exceptional Employee**

Name of Nominee:

Name of Organization:

Nominated By:

Approved by Service Excellence Council? □ Yes

A. Provide a brief snapshot of “why” this individual is being nominated.

*We take seriously the word “exceptional” in this award. What about this individual is unique? What about this person’s daily performance is singularly meritorious? Personal information and anecdotal reporting are most welcome.*

B. How has this nominee made a difference?

*Include details of how this individual is the “very best of your best” as an employee.*

C. How and what impact has this employee had on patient/customer satisfaction?

*Describe the personal impact by this individual on patients and co-workers. Can you share examples of how he/she responds to patients’ and co-workers’ personal issues? What other behaviors make this person exceptional? If you have them, quotes from patients and co-workers would be very helpful to share with us.*

D. How and what impact does this employee have in improving employee morale and the culture of the organization?

*Provide specific examples of how this individual has been a positive role model for peers and how her/his behavior has had a transformative effect on the life of the organization.*

E. What impact has this employee had on improving the community’s perception of the organization?

*Please provide specific details.*

F. Which behaviors differentiate this nominee from other employees?

*Provide details of how this individual has provided service “above and beyond”.*

**This nomination, with supporting documentation (if applicable), should be sent via email to** info@hcsecawards.com **once approved by the Service Excellence Council.**