



**CITY OF CAMDEN
EMPLOYEE OF THE MONTH PROGRAM
NOMINATION FORM**
(Guidelines on Reverse Side)

Date of Submission: _____

Nominee's Information:

Nominee's Name & Title: _____

Years of Service With City: _____ Dept.: _____

Does nominee demonstrate ALL of the following services/qualities:

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Friendliness, thoughtfulness and dependability |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Duties performed in a professional manner & a positive role model |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Ability to work with others & takes pride in job performance |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | An exemplary representative of the department with a positive attendance record |

Comments: _____

Signatures/Comments:

Immediate Supervisor: _____ Date: _____

Dept. Director: _____ Date: _____

Nominator's Information: (Optional)

Name: _____ Dept/Address: _____

Phone: _____

*Upon completion, nominator shall forward original to appropriate Director for signature. Directors shall then forward **SIGNED** original to the "EOM Committee" Secretary or member. Questions or concerns may be directed to Elesha Johnson, Committee Secretary, City Clerk's Office, Rm. #105, 856-757-7106 or eljohnso@ci.camden.nj.us*