



**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 Norma Ruiz, City Hall, Suite 105, PO Box 95120, Camden, NJ 08101  
Questions or concerns may be directed to*

*Wanda Garcia, Co-Chair, 856-757-7677 [wagarcia@ci.camden.nj.us](mailto:wagarcia@ci.camden.nj.us) or  
Norma Ruiz, Co Chair, 856-757-7574 [noruiz@ci.camden.nj.us](mailto:noruiz@ci.camden.nj.us)*