



CAVE CREEK UNIFIED SCHOOL DISTRICT

The Recognition Committee

**Employee of the Month Nomination Form
2018-2019**

Classified Certified Administrative

Name of nominee: _____ Date: _____

School or Department _____ Current Position: _____

Signature of Supervisor required prior to submission: _____

Supervisor comments: _____

1. This person would be a perfect choice for Employee of the Month because: _____

2. He or she has gone above and beyond the call of duty and/or has been an inspiration to many people by: _____

Use back of page if needed

3. Three words I would use to describe this person are: _____, _____, _____
and _____.

4. Please attach any supporting documentation or additional information. More than one nomination per person may be submitted. The Recognition Committee reviews all nominations and makes selections based on qualifications, and indicators.

Signature of nominator: _____ Date: _____

Print nominator name: _____