Sample Employee of the Year
Nomination Form

NOTE: This altered from Athens-Clarke County Public Works
Week Employee of the Year Award

2020 Waste & Recycling Workers Week
Employee of the Year (QUARTER OR WEEK) Award

In association with National Waste & Recycling Workers Week and SWANA-Georgia Chapter during June 14 – 20, 2020, the (MUNICIPALITY/COMMUNITY/COMPANY) will honor one employee with the Waste & Recycling Workers Week of the Year Award. Waste & Recycling Workers Week is a celebration of the thousands of men and women in North America who provide solid waste management services.

Nomination forms are due by (DATE) to (RESPONSIBLE INDIVIDUAL). The Employee of the Year Award will be determined from the nominees by (WHAT ENTITY).

All nominees and the Employee of the Year will be honored at the (EVENT). The event will be (LOCATION, DATE, TIME).

Guidelines:
1. Nomination steps:
   a. Department director distribute the attached nomination form to supervisors.
   b. Supervisors will nominate an employee based on the criteria below and submit the completed form back to the department director.
   c. Department director should choose one nomination.
2. Certain positions (LIST POSITIONS) are not eligible.
3. Only staff employed by (MUNICIPALITY/COMMUNITY/COMPANY) or one year or more are eligible.
4. Nominations require signatures of the (APPROPRIMATE STAFF).

The criteria checklist in the nomination form is provided as a guide to include details about the employee’s performance in each of the four areas: positive attitude, performance and productivity, quality of workmanship, and teamwork. Qualifications of the chosen candidate are to be ranked on the criteria checklist along with a summary of why that employee should be selected. Specific examples that show the employee’s willingness to go above and beyond the call of duty are essential to the team evaluating the final candidates.

The most successful nomination write-ups clearly demonstrate why the person being nominated should be selected as the Waste & Recycling Workers Week Employee of the Year. The completed nomination form, signed by the (APPROPRIATE STAFF), and approved by the department director, is then sent to (APPROPRIATE STAFF), who will select the winner.

The winner receives a day off from work and a variety of other prizes (APPROPRIATE PRIZE(S)).
Nomination Form
2020 Waste & Recycling Workers Week
Employee of the Year Award

Please complete this form and return to:
(NAME)
ADDRESS
EMAIL ADDRESS
PHONE NUMBER

Deadline for nomination is (DATE).

Nominee’s Name: ____________________ Position/Title: ____________________
(please print & check spelling)

Work Address: ____________________ Work Phone: ____________________

Rate each attribute on scale of 1-5, (5 being the highest) and give examples, where applicable, in your explanation.

Positive Attitude
____ Positive in words and actions
____ Cooperative attitude towards public and co-workers
____ Commitment to customer service
____ Organizational commitment (volunteers for overtime, etc.)

Performance and productivity
____ Good safety record
____ Shows initiative
____ Demonstrates speed and efficiency of service
____ Consistently goes above & beyond the normal demands
____ Contributes significantly to the overall success of work unit
____ Develops solutions to problems

Quality of workmanship
____ Excellent quality of work
____ Introduction of an initiative or system that improved customer service, budget control, operations, etc.
____ Has technical knowledge to complete job

Teamwork
____ Offers to help others
____ Communicates clearly
____ Is reliable and dependable
____ Excellent attendance record and on-time to work
____ Length of service
Using the criteria checklist above as a guide, provide an explanation as to why you feel this person should receive the Waste & Recycling Worker of the Year Award. Include stories and examples. (You may attach one additional page, if needed, double space maximum.)

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Form must be signed by (APPROPRIATE STAFF)

Nominator (Name and TITLE): ______________________________________________________

Supervisor Signature ______________________________________________________________

Department Director Signature ____________________________________________________