

Staff of the Month Voting Form Template

All questions are optional. Follow each question's directions.
Write your answers to the open questions in the space provided.

Use the exact options below when adapting the questionnaire. Replace bracketed placeholders with real details; all questions are optional.

1. Which eligible colleague are you nominating?

2. Which published recognition criterion does this example best match?

- ☐ Teamwork
- ☐ Customer care
- ☐ Quality of work
- ☐ Improvement idea
- ☐ Other published criterion

3. What specific action did the person take this month?

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4. What was the observable benefit of that action?

5. Did you directly observe or work with the nominee on this example?

- ☐ Yes
- ☐ I learned from someone involved
- ☐ No
- ☐ Prefer not to say

6. Is there a relationship or conflict the review committee should know about?

- ☐ Yes, I will contact the committee privately
- ☐ No
- ☐ Prefer not to say

7. Is there anything else the committee should verify before deciding?
