



NOMINATION FORM

| Name of Nominee: | |
|-----------------------------|-----------------|
| Company/Organization: | |
| Position: | Years Employed: |
| Name/Title of Nominator: | Phone: |
| Address/City/Zip: | |
| Nominee's Responsibilities: | |
| | |
| | |

Please submit the reasons why you feel this Nominee should be "Employee of the Year" in a TYPED letter or email.

NOMINATION CRITERIA

- Demonstrates excellence, creativity, and initiative to their employer & organization.
- Provides valuable service by contributing time and energy to improve the quality of life for other at their office, business & community.
- Actively involved in continuing education or community service.
- Promotes teamwork, enhances communications and inspires commitment and productivity.
- Important personal and/or professional accomplishments.

DEADLINE FOR NOMINATIONS IS FRIDAY, APRIL 17TH.

Please submit the completed form to: Effingham County Chamber of Commerce, 903 N. Keller Dr., Effingham, IL 62401, or email to Becky Brown at bbrown@effinghamcountychamber.com.

Tel: (217) 342-4147.