

**EMPLOYEE OF THE MONTH**

**Nomination Form**

**To nominate a Para-Professional, Facilities, Operations, Warehouse, Security, or Food Service employee for Employee of the Month, please fill out the form below. If additional documents or space is desired, please attach to this form. Return this form, with the Principal’s/Department Director’s signature, to Human Resources.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Nominee** |  | | | | **Date** |  | | |
| **Present Job Assignment** | |  | | | | | | |
| **Immediate Supervisor:** | |  | | **Department/Campus:** | | |  | |
| **Length of Service in IISD:** | |  | **Total Experience In Public Schools:** | | | | |  |

**Other positions held in IISD:**

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**Community Activities:**

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**Reason for Nomination:**

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| **Nominated by:** |  |

**Principal/Department Director Signature:**