Middlesex Sheriff's Office

EMPLOYEE OF THE MONTH

NOMINATION FORM

Please complete the nomination form in its entirety and submit to your respective Shift Commander/Department Head for review and sign off. Completed forms must be sent to Lorraine Gennetti, Human Resources Division, Lgennetti@sdm.state.ma.us.

EMPLOYEE NAME:

JOB TITLE:

NOMINATED FOR MONTH/YEAR:

DEPARTMENT/DIVISION:

LENGTH OF SERVICE:

1) **WHY DOES THIS EMPLOYEE DESERVE TO BE THE MSO EMPLOYEE OF THE MONTH? List specific reasons.** (If additional space is needed – please attach information to form; also use MSO Directive regarding requirements/criteria when formulating your response.)

2) **LIST OUTSTANDING ACCOMPLISHMENTS, (IF KNOWN) (INCLUDE AWARDS, LETTERS, OF APPRECIATION, ETC.)**

3) HOW HAS THE NOMINEE'S ACCOMPLISHMENT(S) IMPACTED THEIR CO-WORKERS, WORK ENVIRONMENT, OFFICE GOALS, ETC.

Nomination Submitted BY:

_____

Name **Title**

_____

Signature **Date**

Shift Commander/Department Head (Review/Sign Off)

_____

Signature

Date