



# North Central Health Care

Person centered. Outcome focused.



## Employee Recognition Program

### Quarterly Award Nomination Form

Please complete this form by sharing your comments about the experience you had with the employee(s) that demonstrated the individual or team's outstanding work and commitment to providing excellent Person-Centered Service at North Central Health and the community.

**REQUIRED:** Check One Award Category Below

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#### Outstanding Person-Centered Service Award

**Recognizes an employee who provides direct care**, exceeds standards and works effectively to ensure the optimal patient experience and uncompromising Person-Centered Service. Recipient selected by Directors. NCHC Directors, Managers and Supervisors are not eligible for this award.

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#### Outstanding Service Excellence Award

**Recognizes an employee who does not provide direct care**, has consistently achieved exemplary performance within their program and has excelled in supporting the programs and services of NCHC. Recipient selected by Directors. NCHC Directors, Managers and Supervisors are not eligible for this award.

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#### Outstanding Team Partnership Award

**Recognizes any work team, committee or department** who has made significant contributions to advance the position and reputation of the department or organization. 15 employees or less per group. Recipient selected by Directors.

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#### Outstanding Leadership Award

**Recognizes a director, manager or supervisor** who inspires, influences and conducts themselves in a professional manner, acting as a role model for others to follow in the workplace and our community. Recipient selected by Senior Leaders.

**Note:** Recipients are selected based on the criteria for each award which can be found on [www.norcen.org/Recognition](http://www.norcen.org/Recognition)

#### Employee(s)/Team You Are Recognizing

Name(s): \_\_\_\_\_

Title: \_\_\_\_\_ Department: \_\_\_\_\_

#### Your Information

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Title: \_\_\_\_\_ Department: \_\_\_\_\_

Phone Number/email: \_\_\_\_\_

The awards will be distributed quarterly:

Quarter	Submission Dates	Selection and Recognition Planning
1st Quarter	January 1 to March 31	April
2nd Quarter	April 1 to June 30	July
3rd Quarter	July 1 to September 30	October
4th Quarter	October 1 to December 31	January



1. What did the employee or team do to go above and beyond expectations to demonstrate Person-Centered Service and our Core Values?

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2. What impact did it have on you and others around you, those we serve, NCHC or our Community?

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3. When and where did this occur? *Please provide date and times as applicable*

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4. Anything else you think is important for the Selection Committee to know?

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**Thank you for participating in the NCHC Employee Recognition Program!**

**Please send the completed form to Human Resources**

Email: [recognition@nrcen.org](mailto:recognition@nrcen.org) Interoffice Mail: Communications & Marketing – Recognition

**For any questions email [recognition@nrcen.org](mailto:recognition@nrcen.org) or call 715.848.4309**