



**Residential Services of Northeastern Minnesota, Inc.**

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**EMPLOYEE OF THE MONTH  
NOMINATION FORM**

\_\_\_\_\_  
Name of Employee Being Nominated

\_\_\_\_\_  
Home/Department

\_\_\_\_\_  
Nomination Date

1. Why have you nominated this person for employee of the month?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Provide 2-3 specific situations or instances where this employee has gone above and beyond the requirements of their job to support their clients.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. How did the nominee's actions show commitment to RSI's mission or values?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Other Comments:

\_\_\_\_\_  
\_\_\_\_\_

Nominator's Name/Title \_\_\_\_\_

Nominator's Signature \_\_\_\_\_

**Completed forms should be submitted to Brandon Hendrickson, Staff Development Director by the 15<sup>th</sup> of each month for consideration for the following month.**