CITY OF SHELBY
EMPLOYEE OF THE QUARTER
NOMINATION FORM

If you would like to nominate someone for the honor of **"Employee of the Quarter,"** you may do so by completing this form.

NAME OF PERSON NOMINATED:_____

DEPARTMENT:_____

WHY WOULD YOU LIKE TO NOMINATE THIS PERSON? PLEASE PROVIDE SPECIFIC INFORMATION, INCLUDING EXAMPLES.

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YOUR NAME:_____ **DATE:**_____

PLEASE RETURN THIS FORM TO HUMAN RESOURCES, ATTENTION:
Deb Jolly or Aaron Archibald Email: aaron.archibald@cityofshelby.com