



# Employee/Unit of the Year Recognition Program

## EVALUATION PERIOD:

The justification of performance is for the period. The annual recognition is posted through a letter of memorandum from the Hospital Administrator: Check one.

\_\_\_\_ January – December

Check the nomination category you are submitting for:

- \_\_\_\_ **Unit: Nursing Division**
- \_\_\_\_ **Unit: ProSupport and Med Servs.**
- \_\_\_\_ **Unit: Optns/Admin Services**

- \_\_\_\_ **Employee/Nursing Division**
- \_\_\_\_ **Employee/ProSupport/Med Servs.**
- \_\_\_\_ **Employee/Optns/Admin Services**

- \_\_\_\_ **Supvr/Mgr: Nursing Division**
- \_\_\_\_ **Supvr/Mgr: ProSupport/Med Servs.**
- \_\_\_\_ **Supvr/Mgr: Optns/Admin Service**

I hereby nominate the following for the category as indicated to the Employee/Unit Recognition Program

Nominee: \_\_\_\_\_

Position Title: \_\_\_\_\_

Division: \_\_\_\_\_

Nominator: \_\_\_\_\_

Position Title: \_\_\_\_\_

Division: \_\_\_\_\_

## CERTIFICATION

*I certify that all information provided in this nomination is accurate and correct to the best of my knowledge and belief, and is made in good faith. I also certify that this nomination meets the eligibility requirements.*

\_\_\_\_\_/\_\_\_\_\_  
Nominator's Signature Date

\_\_\_\_\_/\_\_\_\_\_  
Nominee's Signature Date

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## I. GENERAL INFORMATION

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**PURPOSE:** To inspire excellence and dedication in public service by recognizing the outstanding achievements of units/divisions within the Guam Memorial Hospital Authority (GMHA).

**NOMINATION GUIDELINE:**

- (1) Any individual or group may nominate an employee or unit from another division/department in any category in GMHA.

**SELECTION:** A panel of judges will review all nominations. The nominees will be judged with one to be selected and recommended to the Administrator/CEO for his concurrence.

**SELECTION CRITERIA:** Outlined in Section VI (Nominee Award Criteria) of Administrative Policy #6410-30.

**RULES GOVERNING PROGRAM:**

- (1) The nominator and nominee must sign the form. If the nominee is unable to sign the nomination form the nominee's supervisor shall sign for the nominee.
- (2) All information must be 12 pitch typed written and must not exceed one (1) page.
- (3) The original copy of the nomination form must be submitted to the Human Resources Division **no later than 4:00 p.m.** as indicated on the posted deadline date indicated by the committee and/or the Hospital Administrator's memorandum notice to the Human Resources Division. **Late nominations will not be accepted after the closing time and date.**
- (4) **The committee may interview employees who may be able to validate the nominator's statement**

**AWARD:** The Employee Recognition committee will arrange the awards ceremony in coordination with the Hospital Administrator's or designee's schedule.

**FOR MORE INFORMATION:** Questions may be directed to the Human Resources Division.

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## **II. STATEMENT OF ACHIEVEMENT -- Not to exceed (1) one page**

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Describe the individual or unit achievement(s) which is over and beyond the daily assignments/task or operational responsibilities which may include seasonal and/or special projects from time to time for the period from \_\_\_\_\_ to \_\_\_\_\_, where services may impact the unit, public that significantly improve in the areas of efficiency, economy, and effectiveness due to nominee's efforts and/or leadership skills.

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### **III. Impact of Accomplishments - Not to exceed (1) one page**

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To what extent did the nominee's contributions and achievements benefit the hospital, unit, department, other employees, or the public?

### **IV. Validation of Nomination**

The selection committee may elect to interview the nominee or other employees who may be able to validate the accomplishments of the nominee. List individuals (by name and title) whom you feel would be helpful and would best support your nomination:

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