



Benton County's Employee of the Quarter Program

Purpose:

Benton County has many excellent employees who contribute to making a positive impact on how we serve the taxpayer and be good stewards of taxpayer dollars. This excellence in performance is visible in the way the employee supports his/her department, co-workers, other departments, and above all, the taxpayer. This monthly award is meant to recognize those individuals who go above and beyond the standard expectations position and set a positive role-model for others.

Nomination Process:

- Nominations may be submitted by any full-time employee, department head, elected official, or a member of the general public.
- Nominations must be submitted to Deanna Ratcliffe by the 1st of the month before the quarter begins. Any applications received after the deadline will automatically be included for consideration the following quarter.
- The selection committee will consist of the Elected Officials.
- An employee may receive this award no more than once during a calendar year.
- Nominations will be kept for consideration for one year from the date of nomination.

Award Eligibility:

- Must be a full-time employee of Benton County.
- Must not have received the award during the current calendar year.
- Must have been employed by Benton County for at least six months.

Evaluation Criteria

- Importance of the employee's specific contribution and the extent to which it served to contribute to the employee's work team, the organization – or the public good.
- The impact the employee's contribution had on the efficiency, effectiveness or responsiveness of a department service or product.
- The originality of the contribution and the inspiration it may serve to other employees toward excellence of performance.

Benton County Employee of the Quarter Nomination Form

Date: _____

Employee's Name: _____

Department: _____ **Job Title:** _____

Describe your reasons for nominating this person: *(You may attach additional pages if needed)*

Nomination submitted by: _____

Department: _____ **Job Title:** _____

Phone number _____ *(if we need to further information about your nominee)*

Relationship to nominee:

- Elected Official** **Supervisor** **Co-worker**
 Subordinate **General Public**
 Other _____

Signature: _____

Date: _____