

# North Charleston Sewer District



EMPLOYEE OF THE QUARTER NOMINATION FORM

DATE: / /

NOMINEE INFORMATION	
NAME OF NOMINEE	
TITLE/DEPARTMENT	
YEARS OF SERVICE WITH NCSD (AT LEAST 2 YEARS REQUIRED)	
DATE OF NOMINATION	
QUARTER: 1 <sup>ST</sup> <input type="checkbox"/> 2 <sup>ND</sup> <input type="checkbox"/> 3 <sup>RD</sup> <input type="checkbox"/> 4 <sup>TH</sup> <input type="checkbox"/>	

**Q & A** *Please complete one or all of the below categories regarding your nominee giving brief, specific examples of why you think they deserve the honor of Employee of the Quarter for the North Charleston Sewer District.*

1. COMMITMENT TO SERVICE ABOVE AND BEYOND THE CALL OF DUTY.


2. POSITIVE REPRESENTATION OF THE NCSD, EXPLAINING HOW THIS EMPLOYEE CONTRIBUTES.


3. WHAT MAKES THIS EMPLOYEE OUTSTANDING.


**NOMINATED BY** *Please submit your completed nomination to the EOQ Nomination Committee Chairman*

NAME	SIGNATURE	TITLE/DEPARTMENT
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**DEPARTMENT HEAD OF NOMINATED EMPLOYEE**

*Your signature below certifies that the employee nominated below for the EOQ has been consistently dependable and punctual in reporting for duty, completing assignments on time, and participating in additional responsibilities during the past quarter, and that he/she is deserving of this award.*

NAME	SIGNATURE	TITLE/DEPARTMENT
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