



SAULT SAINTE MARIE TRIBE OF CHIPPEWA INDIANS HEALTH DIVISION

Employee of the Month Nomination form

Nominee's name: _____

Location: _____

Please, provide specific example(s) of how the Nominee has gone "Above and Beyond" the job's description. Please, use additional page(s) if necessary.

Nominator's name and signature: _____

Date: _____

Please, submit completed form to Health Division's Director by the 10th day of the month for prior month's nomination.

