**Oregon Wireless Specialties**

**Employee of the Month Nomination Form**

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| Nominee Information |
| Employee Name: |
| Department: |
| Phone Number: |
| Please describe the approximate amount and type of interaction you have with the person. |
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| Please list specific examples of what this employee has done that were above and beyond the job description. Be as detailed as possible. Examples can include interaction with coworkers, customers, and vendors. If desired, attach any supporting documents. |
|  |

**Your Name: Your Phone Number:**

*Please submit via printout or email to Rachel Lloyd by 5 p.m. on November 4.*