

- Form must be completed in entirety to be considered.
- Then submit to campus Executive Director or HR Director (For Home Office employees, send to seniorliving@commonspirit.org.)

PLEASE PRINT OR TYPE <u>ALL</u> II	NFORMATION BELOW		
Date:	Your name:		
Email address:	Y	our telephone number:	
Please check one:			
Employee / Your title: _			
Your campus (6 ——— Resident ——— Family member/friend 6	•		
Employee you are nominating:		(First and Last Name)	
Their title:			
Campus (OR Home Office depar	tment):		
Specific reasons the nominee s	hould earn this award:		
•	e routinely demonstrates:		
Compassion	Inclusion Inte	earity Excellence	Collaboration
2. Describe a <u>SPECIFIC</u> e	example/incident of how this e	employee demonstrated the	e above value/s:
			(Use back of form if more space is needed.)
FOR OFFICE USE ONLYED <u>and</u> the nominee's name, plus title).			on above is accurate (i.e., the spelling of irit.org.
Check one:			
Yes, this employee is in No, I do not approve th	good standing AND I approve is employee's nomination.	their nomination.	
Executive Director:	(Print Name)	HR Director	(Print Name)
	Signature)		(Your Signature)
	-	D .	-
Date:		Date:	

^{*} Both signatures must be obtained before submitting by deadline, unless either of the positions is currently open.