

LICKING COUNTY BOARD OF DD
**STAFF MEMBER OF THE QUARTER
NOMINATION FORM**

Nominee: _____

Nominated by: _____

Component: _____

Date: _____

Job Title: _____

Guidelines for Staff Member of the Quarter

- A Nominee must be currently employed by LCBDD and have shown exceptional performance in his/her position.
- A staff member may receive the award only one time in a calendar year.
- A Nominee may be an individual or a group of staff members.
- Any current LCBDD staff member or a member of the community can initiate a nomination.
- Each nomination must contain rationale for why the individual deserves this type of recognition. An example of an act or behavior is helpful to the committee.

May we share this nomination with the Nominee if requested? _____

Please indicate the **Core Value (s)** for which this person is being nominated:

- | | | |
|-----|-------------------------------------|---|
| ___ | Honesty & Trust: | Strives for truthfulness and sincerity in all relationships |
| ___ | Caring & Compassion: | Is supportive and attentive to people's needs |
| ___ | Respect: | Demonstrates regard and appreciation for others at all times |
| ___ | Safety & Health: | Has the individual's safety and health a priority |
| ___ | Ethical Behavior: | Meets the highest standards of personal and professional behavior |
| ___ | Adaptability: | Adjusts to people's changing needs & circumstances |
| ___ | Responsibility to the
Community: | Is a good Citizen and is careful with our resources |
| ___ | Excellence: | Strives for superiority and quality in everything |
| ___ | Creativity: | Is innovative and resourceful |