



**The Housing Authority of DeKalb County
Employee Recognition Program
Nomination Form**

Date: _____

Nominee Name: _____ Department: _____

Nominated By: _____

Nominator's Phone: _____

Nominator's E-mail: _____

Please complete all areas that apply to your contact with the employee that you are nominating:

1. Explain how this employee performs "beyond the Call of Duty" to improve service, quality, and the Authority's image:

2. Describe the extra effort this employee put forth to exemplify professionalism and dedication to excellent service in your situation:

3. Name the specific or sustained accomplishments that exceed normal expectations for this employee's position:

On a scale of 1 to 10, please rate the nominated employee on the following:

- ___ Courtesy
- ___ Knowledge
- ___ Accessibility
- ___ Helpfulness
- ___ Communication