

NOMINATION

RISEHI EMPLOYEE RECOGNITION PROGRAM . COVID 19

Use this form to nominate an employee who you feel deserves recognition based on the RISEHI characteristics they demonstrate, especially during these unprecedented times. Winners for this special edition of RISEHI will be chosen and announced on an on-going basis.

Name of Nominee:	_
Nominee's Dept:	_
NOMINATING FOR:	
Direct Care Clinician [RN, PT, SW, OT, etc.] Direct Care Paraprofessional [HHA, CNA, PC Homemaker, etc.] Administrative/Support Professional [Schedulers, Intake, Quality, HR, Communications, Finance, etc.] Leadership [VP, Director, Manage	er]
Nominated by:	_
Select one or more area(s) below using examples and as much detail as possible in provided box and on the reverse side of this form describing how the employee has demonstrated their commitment. Send completed nomination via interoffice mail to HR department, Attn: RISEHI Recognition Committee or via email to EmploymentEngagementCommittee@homehealthfoundation.org	J
Please select	
Responsible Please write description of commitment	
Innovative	
Supportive	
Enthusiastic Enthusiastic	
Humble	
□ Δ Integrity	

This information you share will assist the selection committee in choosing recipients. Brief excerpts may be used in the recognition of the nominee. All active employees (clinical, paraprofessional, leadership and administrative) are eligible to be nominated.

