

E-mail to:

Workforce@dfwhcfoundation.org

Jordania Lilly or Sally Williams at 972-719-4900

For information contact:

21st Annual Employee of the Year Luncheon April 21, 2017

EMPLOYEE NOMINEE

Nominator Name:			
Title:	Hospital:		
E-mail:	Phone:		
Address:	City:	State:	Zip:
Nominee Name:			
Nominee Name Pronunciation:			
Title:			
Hospital:	Hospital Bed Size:		
E-mail:	Phone:		
Address:	City:	State:	Zip:
 Criteria: Employees below management level may be nominated Achievement in multiple roles in work and personal life Sets high standards and serves as an employee role model Compassionate, sensitive and caring for patients and coworkers 			
for example. Only one nominee p	e-page form with information on your caper hospital. Deadline for nominations is form and application, nominator will rece	Friday, March 10, 2	<u>.017</u> . Please
Please return these items:	Nominee Application Form Letter of Recommendation	Nominee Photo	ograph