

EMPLOYEE RECOGNITION PROGRAM

I. MISSION

The mission of Newaygo County Government is to serve all citizens of Newaygo County through public advocacy, planning, programs and other actions that meet the public's needs, balancing the interests of all and pursuing excellence through quality service.

II. GOAL

The Newaygo County Employee Recognition Program is designed to provide the means to recognize and reward individuals for excellence in support of Newaygo County's mission and for performing above, beyond, and even outside of the normal expectations of their position and day-to-day job duties.

III. NOMINATION PROCESS

Employee nominations may be submitted to the Human Resources Director by anyone, including members of the general public, a fellow employee/co-worker, Elected Official and/or Department Head.

If it is felt that a Newaygo County employee has provided outstanding service to the public, has demonstrated an excellence for leadership within that employee's office, has proven dynamic skills over and above the normal expectations of that employee's position, or has strengthened inter-office relations and/or relationships between their office and another within the County, please share your experience with the Employee Representation Committee by filling out the Nomination Form. The employee nominated must possess a favorable work record.

IV. SELECTION PROCESS

Each quarter, the Human Resources Director shall submit the nominations to the Employee Representation Committee for review and selection of the "Employee of the Quarter." The "Employee of the Quarter" shall receive:

- a. A Letter of Recognition and/or Board Resolution with presentation and recognition at a Board of Commissioners' Meeting;*
- b. An Employee Recognition Press Release;*
- c. Wall Plaque on the Employee Recognition "Wall" in the Administration Building;*
- d. Newaygo County Logo Apparel*

V. ELIGIBILITY

All Newaygo County employees are eligible to be nominated, excluding Elected Officials and appointed individuals/Department Heads.

VI. FUNDING

All expenses associated with this program are paid for with employee funds.

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NOMINATION FORM

Name of Nominee: _____

Department: _____

**Name of
Nominating Person:** _____

Address/Phone/Email: _____

**Please provide a detailed explanation of why you are selecting
this employee for recognition:**

Do not write below this line – for Employee Representation Committee Notes & Use:
