

# TEAM MEMBER OF THE MONTH

## ***TEAM MEMBER OF THE MONTH ELIGIBILITY REQUIREMENTS:***

- Previous 12 month recipient is ineligible.
- At least a successful rating in the last performance appraisal.
- No pending disciplinary action, nor have had one in the last 12 months.
- Be employed at DESE for at least one year.

## ***TEAM MEMBER OF THE MONTH CRITERIA FOR NOMINATION:***

- Efforts contribute to achieving the mission of the Department.
- Employee freely gives of time and effort above and beyond that which the job demands.
- Employee's efforts have created a favorable impression with the public.
- Exceptional at relating to and working with clients.
- Keeps a good attitude in any situation.
- Motivates others.
- Cost or time-saving procedure.
- Increased productivity or enhanced work quality.
- Contributed a tangible benefit to the department or the public beyond that produced in the course of regular assignments (examples: leadership in associations, conference, committees, teams, training, etc.).
- Shown use of initiative and creativity in the accomplishment of an assignment.
- Serves as role model for others.

## SIGNATURES / ROUTING INFORMATION

Please route the Employee of the Month Nomination form as follows:

***DO NOT WRITE IN THE BOX IN THE  
UPPER RIGHT HAND CORNER OF THE FORM.***

1. Employee's Supervisor needs to sign **after** eligibility requirements are confirmed.
2. Assistant Commissioner signs and then send to DESE Human Resources Director at the Jefferson Building.
3. The DESE Ambassador Team will then review the nominations.



STATE OF MISSOURI  
**STATE TEAM MEMBER OF THE MONTH NOMINATION**

**ASSISTANT COMMISSIONER SIGN OFF**

**TEAM MEMBER INFORMATION**

Name	Department
------	------------

Work Address	Job Title
--------------	-----------

Instruction: Please respond to the following questions in complete and specific terms that are related to the nomination. Give precise examples of this person's level of performance which qualify him/her to be nominated as state team member of the month. All information must be contained on the forms provided. Please **DO NOT** include additional sheets.

Any state team member may nominate another team member from his/her department for this award. Department directors, deputy department directors, and division directors (including acting and official) are not eligible for the State Team Member of the Month award.

All nominations for state team member of the month must be submitted through the Department/Agency Team Member of the Month Coordinator.

1. Why are you nominating this person? Describe his/her actions and accomplishments.

2. Describe the amount of initiative and extra effort that went into this service.

3. Additional Comments

**NOMINATOR INFORMATION**

NAME	DEPARTMENT
------	------------

JOB TITLE	TELEPHONE NUMBER
-----------	------------------