



**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:

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

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

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

- \_\_\_ Courtesy
- \_\_\_ Knowledge
- \_\_\_ Accessibility
- \_\_\_ Helpfulness
- \_\_\_ Communication