Community HealthCare System, Inc.
ASSOCIATE OF THE QUARTER NOMINATION FORM

120 West Eighth, PO Box 460 Phone (785) 889-4274
Onaga, Kansas 66521-0460 Fax (785)889-4117

PURPOSE: The purpose of the Associate of the Quarter Recognition Program is to provide recognition to any Community HealthCare System, Inc. associate who is contributing to their fullest potential by going above and beyond their typical job duties. By working to their fullest potential they make a significant difference in one or more of the following areas:

- Improving the quality of health for those we serve by providing excellent clinical services.
- Suggesting or implementing a process that saves CHCS money/resources or increases revenue.
- Improving productivity significantly by suggesting or implementing a better way of providing services.
- Exceeding our customer service standards with patients, clients, residents and/or co-workers.
- Volunteer work at CHCS and/or community

It is designed to allow associates the ability to acknowledge and show appreciation to co-workers and to build a culture of positive recognition in the workplace. It also provides the supervisor of the associate being nominated for recognition an opportunity to provide additional specific information about the associate and what they do that demonstrates consistent dedication to "enriching the health and lives of the people we serve."

INSTRUCTIONS: Complete the information requested below. Submit the nomination no later than February 1, May 1, August 1 or November 1 to Director, Human Resources, Onaga.

Nominee: _____ Dept: _____

Use this space to provide specific information, events, instances why the associate you are nominating makes a difference in one or more of the areas noted above and should be considered for **Associate of the Quarter**.

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_____ _____
Nominator Date

DATE:
TO: (Nominee's Supervisor)
FROM: Human Resources
SUBJECT: Associate of the Quarter Recognition

The above referenced individual has been nominated for Associate of the Quarter.
Check One: _____
_____ Yes, eligible for nomination. Please use the following space (and additional pages if necessary) to provide any information you wish to submit regarding specific instances where the associate is contributing to CHCS.
_____ No, not eligible for nomination
Return to Director, Human Resources no later than _____.
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