

**Coastal Plain Area EOA, Inc.**

**Employee of the Quarter**

Name of Person Nominated: \_\_\_\_\_

Job Title: \_\_\_\_\_

County: \_\_\_\_\_

Performance qualifying for EOQ / Give example:


(Use back of form for additional space.)

Comments, (why this person was nominated):


Submitted By: \_\_\_\_\_

Program: \_\_\_\_\_

Date: \_\_\_\_\_

1. Place form In ON-LINE Suggestion Box located at local site.
2. Nomination forms must be submitted quarterly.
3. Employee may submit one nomination quarterly.

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**For Committee Use Only.**

1. Promoted goodwill among employees and or the community. \_\_\_\_\_
2. Represented the Agency in a positive manner. \_\_\_\_\_
3. Helped with a problem or problems. \_\_\_\_\_
4. Showed respect for administration and or fellow employees, and or clients. \_\_\_\_\_