Team of the Month Nomination Form

Team Nominated:_____ **Team Location:**_____

Date:_____ **Team Leader/Manager:**_____

Information about the Team Nominated:

Please use the space below to explain why the team named above should be considered for the Team of the Month nomination. Please provide as much information and detail explaining how the nominated team is delivering on our cornerstones of excellence (growth, finance, people, quality and service) and therefore should be considered for this nomination. Thank you for participating in recognizing the teams of Hallmark Health System that achieve excellence.

Reason for Team Nomination (attach additional paper if needed):

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Information about Individual Submitting Nomination

Name:_____ Dept.:_____

Work Telephone #:_____ Campus/Facility:_____

Job Title:_____

Relationship to Team (e.g., supervisor, team member, etc.):_____

Signature:_____ Date:_____

Thank you for your thoughtfulness in preparing this nomination. We appreciate your input. Please email this form to Sue Courchesne at scourchesne@hallmarkhealth.org or fax it to (781) 979-3459.