STAFF PERFORMANCE RECOGNITION NOMINATION FORM

Purpose: Please use this form when nominating a Council staff member for good performance recognition.

Name of Staff Member:

Department of Staff Member:

Please write here the reason for your nomination:
(If you require more space please use the back of this form)

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Which of the following criteria best identifies the staff member's performance?
(Please tick appropriate box)

☐ **Professionalism**

☐ **Customer Focused**

☐ **Accountability & Integrity**

☐ **Innovative & Imaginative**

☐ **Efficiency**

Please enter your contact details:

Name: .....

Phone: ..... **Email** (optional): .....

Please return completed form:

In Person: Administration Centre, 115 Ellen Street, Port Pirie or Rural Office, Bowman Street, Crystal Brook	**By Post:** PO Box 45 Port Pirie SA 5540	**By Fax:** (08) 8632 5801	**By Email:** council@pirie.sa.gov.au