



C.A.R.E. SERVICE PARTNER OF THE MONTH NOMINATION FORM

The **Susquehanna Health C.A.R.E. Service Partner of the Month Program** is intended to recognize certain members of our team for their outstanding contributions to Service Excellence. These extraordinary service partners regularly demonstrate behaviors which reflect the organization's Mission-Vision-Value.

- **Our Mission**
 - To extend God's healing love by improving the health of those we serve.
- **Our vision** is to *create an integrated community health system that delivers world class care.*
- **Our core values** are to *CAREfully place our patients and their families first, share ownership with all caregivers and lead with a servant's heart.*
- **Our service promise** – *the best care for our patients no matter what.*

Nominees for this program must consistently demonstrate:

Our Commitment to practicing **CARE Behaviors**: At Susquehanna Health, all service partners are to treat each other with:

- **Courtesy and Compassion**
- **Attentiveness and Accountability**
- **Responsiveness and Respect**
- **Excellence and Enthusiasm**

INSTRUCTIONS

1. Complete nomination form and submit to the service partner's department head.
(NOTE: Service partner *must have completed at least two* years of service to qualify)
2. If approved by the department head, the nomination must be submitted to the division Vice President for final approval.
3. If approved by the division Vice President, the nomination is then forwarded to the Human Resources Department.

TO: _____
(Print Name of Department Head) (Department Head Signature)

The above affixed signature confirms the Supervisors' approval and confirmation that the nomination and criteria have been reviewed.

FROM: _____
(Nominator) (Date)

(Department & Job Title)

I have read the nomination criteria and respectfully nominate for consideration as the C.A.R.E. Service Partner of the Month.

(Name) (Job Title) (Department)

Please provide concrete examples of how the nominee consistently demonstrates C.A.R.E. Behaviors:

Courtesy and Compassion, Attentiveness and Accountability, Responsiveness and Respect, Excellence and Enthusiasm towards all fellow service partners, patients and visitors with dignity and respect

Department Head Comments: *(This section must be completed by the Department Head in order for the nomination to be given further consideration)*

Nomination Approved and Forwarded to V.P./Administrative Representative

(Department Head Signature)

(Date)

VP/Administrative Representative Comments: *(This section must be completed by the VP/Administrative Representative in order for the nomination to be given further consideration)*

Nomination Approved and Forwarded to the Human Resources Department

(V.P. Signature)

(Date)

Selected as C.A.R.E. Service Partner of the Month _____

(Month)

(Year)

Selected as C.A.R.E. Service Partner of the Year _____

(Year)

Not Selected _____

(Date)

Date of Hire: _____

05.27.15