	CITY OF DELRAY BEACH EMPLOYEE OF THE MONTH NOMINATION FORM					
(MUST BE SUBMITTED TO THE NOMINEE'S DEPARTMENT HEAD BY THE LAST FRIDAY OF THE MONTH)						
Name of nominated employee: Paula Wolfe						
Job Classification: Senior Clauns Special St Dept./Division: Risk Management						
Please select one or more of the following guidelines applicable to the nomination:						
و لگا و	Action, service, idea or method that resulted in organizational improvements (saved the City time or streamlining a process such as eliminating waste, significantly decreasing expenses or increasing ef and/or;					
ا السا	Outstanding action that brought public recognition to the City or enhanced the city or department's professional image (returned a citizen's personal properly; recognized in the media for "going above and beyond" routine job responsibilities), and/or;					
	Displaying overall excellent cooperation toward City goals and objectives (effectively communicating or sharing information/knowledge to other departments/co-workers to achieve a common goal), and/or;					
	Going "above and beyond the call of duty" that exceeds nominee's job description (exemplary action outside of work routine that prevented a citizen or co-worker from serious injury or death), and/or;					
Other action warranting city wide recognition.						
Please justify the nomination by providing specific details (use additional sheets if necessary):						
Paula works in the Risk Management Division. One of her tasks is to pursue						
and collect subragation monies when third parties damage City property. She						
is steadfast in this endeavor. While performing her subragation duties,						
she thought "outside the box" and found that the City had unclaimed						
Money through the State of Florida. This money had nothing to do with her						
normal duties, and spanned several departments. The total amount was						
\$. By going above and beyond her normal duties. Paula recovered						
money that no one knew about, and would still be unclaimed.						
٤.		1-2020 Date				

Risk Management Department / Division

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demicco@mydelmydeach.com Email Address

Anonymous or self-nominations will not be accepted



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(THIS SECTION TO BE COMPLETED BY DEPARTMENT HEAD)

Instructions: Select yes or no after each question and provide an explanation or comment. The Department Head is responsible to ensure the form is returned to the Human Resources Department by **5:00pm on the first business day of the month.**

DESCRIPTION	YES	No
Has the employee completed all regular and special duties as required including adherence to the City's Rules and Regulations?	~	
Has the employee maintained a positive attitude and overall excellent spirit of cooperation toward City goals and objectives?	1	
Has the employee been involved in any safety incident during this nomination year in which she/he was at fault?		v
Are there any disciplinary action pending involving this employee?		1

Department Head Comments: (use additional sheets if necessary)

Department Head

Signature

Date

This Area To Be Completed By Human Resources					
Human Resources will reviewed the employee's file to verify eligibility					
Approved	Disapproved				
DeAndrea					
Human Resources Director	Signature	Date			