Date: 

Nominee: Department: 

Written By: 

1. Please select one award category from the list below:
   - Behind the Scenes
   - Collaboration
   - Co-Workers Choice
   - Quality
   - Volunteer

2. Person being recognized for (please check all that applies):

<table>
<thead>
<tr>
<th>CRMC Principles of Behavior</th>
<th>Dignity Health Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Creating positive first impressions</td>
<td>□ Dignity - Respecting the inherent value and worth of each person.</td>
</tr>
<tr>
<td>□ Dignity and respect</td>
<td>□ Collaboration - Working together with people who support common values and vision to achieve shared goals.</td>
</tr>
<tr>
<td>□ Communicating compassionately and effectively</td>
<td>□ Justice - Advocating for social change and acting in ways that promote respect for all persons and demonstrate compassion for our sisters and brothers who are powerless.</td>
</tr>
<tr>
<td>□ Acknowledging and amending</td>
<td>□ Stewardship - Cultivating the resources entrusted to us to promote healing and wholeness.</td>
</tr>
<tr>
<td>□ Maintaining a safe environment</td>
<td>□ Excellence - Exceeding expectations through teamwork and innovation.</td>
</tr>
<tr>
<td>□ Protecting confidentiality and privacy</td>
<td></td>
</tr>
<tr>
<td>□ Using key words at key times</td>
<td></td>
</tr>
</tbody>
</table>

3. Tell us the story – Please describe the reason for nominating this individual to be recognized for contributions to enhance our PoB and thus our Dignity Health values. Please be specific, including projects, stories or personal experiences that demonstrate the Nominee’s contributions.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
4. Peer Recognition.
I believe the above person does exemplify our Principles of Behavior.

Signature:

5. Management Approval. Name of Manager: ____________________________
I believe the above person does exemplify our Principles of Behavior and is an employee or volunteer in excellent standing.

Signature:

Please use this page if you need additional space to answer question # 3.

Nominee Name: ____________________________  Written By: ____________________________

Please complete this form and send to the Service Excellence Department.