



**LIFETIME ASSISTANCE INCORPORATED**  
**EMPLOYEE OF THE MONTH NOMINATION**

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**NOMINATED EMPLOYEE**

**PLEASE COMPLETE THE JUSTIFICATION ON THE REVERSE SIDE.**

**Nominator** \_\_\_\_\_ **Date** \_\_\_\_\_

**Site Supervisor Review** \_\_\_\_\_ **Date** \_\_\_\_\_  
**(Forward to Program Director Immediately)**

**Program Director Review** \_\_\_\_\_ **Date** \_\_\_\_\_  
**(Forward to Human Resource Director Immediately)**

**Committee Review**

**Month 1:** \_\_\_\_\_  
**Month 2:** \_\_\_\_\_  
**Month 3:** \_\_\_\_\_  
**Month 4:** \_\_\_\_\_  
**Month 5:** \_\_\_\_\_  
**Month 6:** \_\_\_\_\_

**Employee Recognition** \_\_\_\_\_  
**(month)**