Achiever Award Nomination

Jackson HEALTH SYSTEM — PUBLIC HEALTH TRUST

Please complete this form in its entirety!

Check ONE value which you are nominating this person for:

☐ Service Excellence & Quality

We strive for excellence in every task we do, no matter how small or large.

☐ Commitment

Our commitment to our patients, our community and to each other never stops.

☐ Compassion

We care deeply for those who need us most.

☐ Teamwork & Communication

We know that we can serve our patients better by working together as a team.

☐ Integrity & Stewardship

We are honest, transparent, and accountable for all decisions.

☐ Respect

We demonstrate respect for our patients, coworkers, management, and community by doing the best job we can every day.

☐ Confidentiality

Every person has the right to privacy.

☐ Inclusion

Our diversity makes us stronger and more effective in serving our community.

Your Name: _____

_____

Are you a:

☐ JHS Employee

☐ Patient or family Member

☐ Other _____

Mailing Address:

_____

_____

_____

Email Address:

_____

_____

May we contact you about this nomination

☐ Yes ☐ No

Name of person or team being nominated:

_____

Department: _____

Today's Date: _____

In the space below, please explain your reasons for nominating this person or team: (Please give as much detail as possible)

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Signature: _____ **Date:** _____