



NOMINEE

Team Member's Name

Date Team Member Began Working
in Current Role

Team Member's Title

Date Team Member Began Working
for UnityPoint Health - Cedar Rapids

Team Member's Department

PLEASE ANSWER THE FOLLOWING QUESTIONS

Please provide examples on how the nominee **FOSTERS UNITY.**

Please provide examples on how the nominee **OWNS THE MOMENT.**

Please provide examples on how the nominee **CHAMPIONS EXCELLENCE.**



PLEASE ANSWER THE FOLLOWING QUESTIONS

Please provide examples on how the nominee **SEIZES OPPORTUNITIES**.

Based on the award criteria found on page 1, how does the nominee **MEET OR EXCEED THE EXPECTATIONS OF THE AWARD?**

NOMINATED BY

Name

Department

REQUIRED! – TO BE COMPLETED BY NOMINEE’S MANAGER

Manager: Please double check that the nominee meets the eligibility requirements for this Award. *Please refer to page 1 for these requirements.*

Signature below indicates that Nominee has performed at “exceed expectations” or “role model” on their most recent annual Performance Appraisal.

Manager/Supervisor Approving Signature

Date