



SHINING STARS



Potomac Valley's 2018 Employee Recognition Program

NOMINATION FORM

Date: _____

Name of Person Making Nomination: _____

Please consider the following employee for monthly recognition as a Shining Star:

Description of what employee has done to qualify for an award:

* Please note that nominations will be collected through the 20th of each month from residents, family members, and staff for consideration for that month's award.