



Employee of the Month Nomination Form

Did you receive excellent or exceptional service in a New Rockford area business?

Did someone go above and beyond, or put forth a special effort to serve you?

Did someone demonstrate a commitment to quality work that impressed you?

Employee Name: _____

Business: _____

Tell us why you're nominating this person for Employee of the Month: _____

Your Name: _____ Phone Number: _____

Nominations can only be accepted from customers, clients, or patrons - an employer, supervisor, or co-worker may not submit a nomination. Please return to the

New Rockford Area Chamber of Commerce

PO Box 67, New Rockford, ND 58356

or newrockfordchamber@gmail.com