



St. John's Hospital - Lebanon Employee Recognition Form

Name of Nominee _____ Department _____

Submitted By _____ Department _____

Date _____

Mercy Service Standards modeled by the nominee and why (check all that apply)

- Treat everyone as a valued individual _____
- Seek out and address customer needs _____
- Make eye contact, greet and welcome everyone _____
- Display a positive presence _____
- Keep customers and co-workers informed _____
- Work as a team _____
- Maintain privacy and confidentiality _____
- Keep a clean environment _____
- Live the Mercy Spirit _____

In the space below, please tell us how your nominee went the extra mile in providing excellent customer service. Please be as specific as possible and return the form to the Human Resources Department. Thank you! _____
