



EL PASO COMMUNITY COLLEGE PROCEDURE

For information, contact Institutional
Effectiveness: (915) 831-6740

DLA-6 **Employee of the Month** **APPROVED:** October 22, 2007 **REVISED:** March 3, 2017
Year of last review: 2024
AUTHORIZING BOARD POLICY: DLA

Classification: Administrative

Responsible Vice President or Associate Vice President: Vice President of Research, Accreditation & Planning

Designated Contact: Director of Institutional Effectiveness

OBJECTIVE: To describe the process of selecting the Employee of the Month.

PROCEDURE:

I. General

- A. In general, the process described in this procedure is to be followed in selecting the Employee of the Month (EOM); however, each Campus/Site Improvement Team may elect to vary the process, to accommodate the needs at its site.
- B. For the purposes of this procedure, an employee is defined in procedure DDA-3 *Employee Categories and Statuses*. Faculty, Staff (Administrative, Professional, and Classified), Student, and Externally-Funded employees can be nominated for the Employee of the Month.
- C. Individuals must be currently employed at EPCC to be eligible to receive this award and in good standing. Only individuals (not groups or departments) may be nominated.
- D. One (1) current employee (including student employees), from each College campus/site is to be selected monthly to be honored.
- E. Selection shall be based on merit and on the selection criteria established by this College Procedure DLA-6.
- F. Current College employees (including student employees) may nominate an employee to be recognized as Employee of the Month. Nominators shall use the *Employee of the Month Nomination Form* located in District Forms on the College's website.
- G. Nominees must not have been selected within the previous twenty-four (24) months.
- H. The Office of Institutional Effectiveness (IE) shall maintain a database of honorees.

II. Process

- A. Those who wish to nominate someone shall complete the *Employee of the Month Nomination Form* and shall submit the form to the Campus/Site Improvement Team. The nominator shall adhere to the following selection criteria:
 - 1. Commitment
 - 2. Job Knowledge
 - 3. Positive professional representation of EPCC
 - 4. Positive interaction at the College
 - 5. Quality of work
- B. The Campus/Site Improvement Team shall apply the selection criteria, above, to the selection of nominees. If a nominee is a member of the Campus/Site Improvement Team, the nominee may not vote on the campus/site's selection at the time when the nominee is being considered for selection as Employee of the Month.

- C. The chair of the Campus/Site improvement team will secure confirmation from the selectee's immediate supervisor that the selectee is in good standing. The immediate supervisor will designate "in good standing" on the nomination form.
- D. The Campus/Site Improvement Team shall forward the names of the honorees to the IE Office.

Each Campus/Site Improvement Team may honor those selected as it deems fit.



For College Procedure
DLA-6 *Employee of the Month*

EMPLOYEE OF THE MONTH NOMINATION FORM

College employees (including student employees) who wish to nominate someone for Employee of the Month must use this form and adhere to the criteria, below. For more information about the Employee of the Month, consult College Procedure DLA-6 *Employee of the Month*. Return this form to the Campus/Site Improvement Team.

Campus/Site: [these fields will be fillable text boxes] _____

Name of Nominee: _____

Job Title: _____

College Department/Company: _____

Date of Nomination (Month/Year) _____

Submitted by: _____ **Phone No.** _____

Please explain your reasons for nominating this employee in detail (referring as necessary to the criteria below).

Criteria:

- 1. Commitment
- 2. Job Knowledge
- 3. Positive professional representation of EPCC
- 4. Positive interaction at the College
- 5. Quality of work

[Lines will be removed and a fillable text box will be used]. _____

For Campus/Site Improvement Team use only:

This employee is currently in Good Standing. Yes No

Immediate Supervisor Name _____ Signature _____ Date: _____