

Employee of the Month Nomination Form

The staff at OCI strives to provide professional excellence in every aspect of care we offer to our patients. If you believe that one of our staff members has gone the extra mile to improve your experience at our facility, please complete this form to nominate that person for Employee of the Month.

**I nominate _____
for Employee of the Month.**

***My nominee deserves this award for
the following reasons:***

Nominated by:

(Your name is required for nomination to be considered.)

Email Address: _____
Today's Date: _____

Please submit your nomination card by emailing it to
visitorcomments@orthocenter.net or by mailing it to:

Orthopedic Center of Illinois
Attn: LAR
3136 Old Jacksonville Rd., Ste. 150
Springfield, IL • 62704