

South Carolina Workers' Compensation Commission

Employee of the Year Nomination Form

Please nominate an employee in a full-time equivalent (FTE) position in the Commission (*excluding Commissioners, Executive Director, and Department Directors*) that has exhibited exemplary accomplishment of the Commission's mission.

Our Mission

Provide an equitable and timely system of benefits to injured workers and to employers in the most responsive, accurate, and reliable manner possible.

Name of Nominee _____

Please fully justify each statement with as much detail as possible.

1. **Quality of Work** – refers to the employee demonstrating not only knowledge of job functions but also displaying a consistently good work ethic.
2. **Organizational Commitment** – refers to the employee setting a good example for other employees; displaying a good attitude toward work, the Commission, peers, supervisors, and the public; displaying team spirit; helping fellow employees whenever possible.
3. **Other Contributions** – refers to the employee's activities both within the workplace and community that go beyond the standard expectations in meeting the goals of the Commission. The explanation of this quality must describe how the activities contribute to making the person a better employee.