



Employee of the Month NOMINATION FORM

Selection Criteria

- Employer must be a Little Falls Area Chamber of Commerce member.
- Prompt, pleasant, friendly, and courteous service.
- Knowledgeable about product or service provided.
- Positive attitude towards job and community.
- Genuine interest in your needs and wants.
- Willingness to “go that extra step”.
- Appreciation shown for your business.
- Transactions handled in a professional manner.

***I would like to nominate the following person for the
Little Falls Area Chamber of Commerce Employee of the Month Award!***

Name of Business _____

Name of Nominee _____

Date of Nomination _____

Reason For Nomination

This form may be dropped off at, or sent to the Chamber of Commerce office

Revised 11/07

Little Falls Area Chamber of Commerce

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