

Have You Seen A STAR Today?





The STAR program was established to encourage a culture of outstanding service excellence among the staff by recognizing those individuals who go "above and beyond" the scope of their job duties to create a positive outcome.

Recognizing staff who provide suggestions that measurably improve a process, provide excellent customer service, demonstrate fiscal awareness resulting in additional revenue or expense reduction, or who participates in a project that in essence, will enhance the service excellence reputation of this organization.

If you would like to recognize a member of our organization as the STAR of the Month, please complete the Nomination Form (located on the homepage of the Intranet) and return it to STAR@RiversideHealth.org or print for interoffice delivery.

CRITERIA

JOB PERFORMANCE | Unique situations where a person has gone "above and beyond" their job duties and displayed the values of the organization.

POSITIVE ATTITUDE | Nominee demonstrated a positive attitude while exhibiting respect, compassion and dignity towards all people with whom they come in contact. They provide excellent customer service.

HOSPITAL POLICIES | Only those nominees who are in "good standing" with the policies of the organization, will be considered for the STAR of the Month.

**Employees will not be eligible to receive the STAR of the Month more than once in a given year.*

STAR OF THE MONTH AWARDS

- Presentation of "Goody Gift Bag"
- Presentation of "STAR of the Month" Lapel Pin
 - Presentation of \$25 Gift Card.
- Congratulatory letter from the President/CEO of St. John's Riverside Hospital
- Portrait displayed on the Employee of the Month Wall locations at each site.
 - Complimentary invitation with a guest to annual Gala.



t. John's Riverside Hospital

TAR of the Month

Nomination Form

Andrus Boyce Dobbs Ferry ParkCare

Nominee's Name: _____

Nominee's Department: _____

Please describe the actions/behavior that warranted you to complete this form. Please be specific providing as many details as possible:

Please describe why you feel the person named above should be considered to be STAR of the Month:
(If you need additional space, please use the reverse side of this form).

Nominator's Full Name: _____

Telephone or Ext.: _____

Date: _____

