

The S.T.A.R. (Service & Teamwork Award Recognition) Program recognizes Lakewood Health System employees for outstanding performance in the delivery of service to internal and external customers.

## Qualifying Criteria:

**Provides** service above and beyond what would be expected and is willing to help others go beyond their job description.

**Completes** job with enthusiasm and portrays a positive image of Lakewood Health System both in and out of work.

**Responsive** to ideas, suggestions and concerns of both internal and external customers.

**Identifies** and follows up on opportunities to ensure that they are resolved.

Is **Willing** to make decisions and meet both external and internal customer needs with commitment and a sense of urgency.

**Consistently demonstrates** one or more of Lakewood's values (integrity, compassion, high quality, accountability and innovation).

Nominee's Name \_\_\_\_\_

Nominee's Department (if known) \_\_\_\_\_

Nominee's Job Title (if known) \_\_\_\_\_

What specifically did the employee do to stand out in your mind?

(Optional) Explain how this employee demonstrated one of Lakewood's values of integrity, compassion, high quality, accountability or innovation.

Lakewood's S.T.A.R. (Service & Team Work Award Recognition) program gives you the opportunity to recognize your fellow employees for outstanding performance in the delivery of service.

S.T.A.R. awards are presented monthly, and your nominee may be selected to receive an award, from the nominations received. Our awards are given to up to five employees monthly.

We welcome and encourage you to nominate a Lakewood employee for their outstanding service. Nominations can be made by anyone. Please complete this form (providing as much detail as possible), and route it to Human Resources. Employees nominating another employee are encouraged to use the nomination form on LakeNet.

You may be contacted if any additional information is needed on your nomination.

**Thank you** for your nomination!

**Person Submitting Nomination:**  
(Name and phone number are required.)

Name:

---

Phone Number:

---

Do you wish to remain anonymous?  
Yes  No



If you have questions or need assistance with your nomination, please call Laurie Humphrey in Administration at x8430. Thank you!

**S.T.A.R.**  
**service & teamwork**  
**award recognition**



A program awarding Lakewood Health System employees for demonstrating outstanding performance.