

West Feliciana Parish Schools Employee of the Month Nomination Form

Submitted by: _____ Date: _____

Phone Number: _____

Name of Nominee: _____

Position: _____

Location: _____

I would like to recognize _____ for
job performance above and beyond all expectations. I observed the following
actions:

These actions took place:

Location: _____

Date(s): _____

NOTE: *Forms are due on or before the 15th of each month. Return your completed form to Superintendent Hollis Milton via email at miltonh@wfpsb.org, through interoffice mail to the Central Office, or via the USPS to P.O. Box 1910, St. Francisville, LA 70775.*