Yukon-Kuskokwim HEALTH CORPORATION

Compass Nomination Form

Full name of person being nominated _____

Nominee's Title _____ Nominee's Department _____

Approximate time in position _____ Approximate time at YKHC _____

Name of person submitting nomination _____ Title/Department _____

Please write in the space below, or provide an attached document or e-mail, describing why you are nominating this person for the Compass program. Please provide examples of how the nominee demonstrates management and leadership potential.

Please include the following when submitting this nomination:

☐ Nominee's Resume

☐ Letter of Interest reflecting individual's interest in participating in Compass, including why they should be chosen

☐ Nominee's Time Commitments and/or anticipated scheduled PTO, leave effective August 5 - November 8, 2019

Please remember the YKHC employee you are nominating must fit the eligibility criteria as follows:

- Nominee's personnel file must be free of any corrective action items (Performance Improvement Plan) according to an HR review for 365 days or 1 year prior to Auogust 5, 2019

Does nominee agree to be considered to participate in the Compass Development Program?

☐ Yes ☐ No

_____ _____
Nominee Signature *Date*

_____
Nominee Printed Name

_____ _____
Manager Signature (if applicable) *Date*

_____
Printed Name

All Nomination Forms should be submitted no later than June 28, 2019

Submit nomination directly to compass@ykhc.org

rev 04-29-19