EMPLOYEE NOMINATION FORM

Please fill out the below information and elaborate in the space provided your reasons for the nomination. The more details you can provide the better as we may have to decide on a winner if there is more than one submission. We will also provide the submission details to the winner when the announcement is made in the next newsletter. ***All Macallan affiliate companies are eligible.***

Your Name:	**Date:**
Your Nomination:	

In the space below please provide the details of how your nomination has gone above and beyond their job duties:

Thank you for filling out the employee nomination form!
Please return all nomination forms to hr@macallangroup.com