OUTSTANDING EMPLOYEE WITH A DISABILITY
NOMINATION FORM

This award is given to an employee with a disability in recognition of outstanding achievements in competitive employment by overcoming a disability as well as providing inspiration for other individuals with disabilities. (Includes individuals who are self-employed.)

NOMINEE'S NAME: _____

EMPLOYER ADDRESS: _____
Address City Zip

HOME ADDRESS: _____
Address City Zip

HOME PHONE:_____ BUSINESS PHONE: _____

NOMINATION SUBMITTED BY: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

1. Describe the nominee's disability. Tell how and when acquired. Explain how the nominee has shown ingenuity and perseverance in adapting to his or her disability. Please add any other pertinent biographical information.

2. Explain what rehabilitation, training and experiences have enabled the nominee to perform his or her current activities.

(Continue on back)

3. Describe the nominee's current employment, length of employment, and job duties. This could include previous employment/work history.

4. Describe any accommodations necessary for the employee's employment.

5. List other accomplishments not covered under the previous questions.

6. Why do you feel this nominee is deserving of this award?

7. Please include 2 letters of support or letters of recommendation. One of the letters of support/recommendation must be from the nominee's current or former employer. If the individual is self-employed include a letter from an individual/organization that has worked with them directly in their employment role. Letters must be from persons other than the nominator.

(Nomination may include newspaper clippings, magazine articles, additional items not to exceed a total of 7 pages, all copies or reproductions of articles must be on 8 1/2 X 11" paper.)