



**13th Employment Supports Symposium:
A Pennsylvania Employment Conference
For People With Disabilities
*Spreading Employment 1st***

Exemplary Employer Award Nomination Form

Name of Person Being Nominated: _____

Title of Nominee: _____

Business Name & Address: _____
_____ Phone: _____

Email Address: _____

Name of Person(s) Nominating the Employer: _____

Title of Person(s) Nominating Employer: _____

Organization Name & Address: _____
_____ Phone: _____

Email Address(s) of person(s) nominating employer: _____

How long has the employee with a disability been employed by this employer: _____

What are the Employee's job responsibilities: _____

Nominations must be submitted in a narrative format. Your nomination will be scored on the following areas. Please make sure to cover each one in order for your employer to be considered.

- Why is the employer being nominated for an award
- How has the employer utilized Job accommodations
- Has the employer used job carving/job creating/customized employment and how.
- How has this employer fostered natural supports and assisted the employee to fit in with coworkers and the culture of the work site

It is strongly recommended that the nomination be typed.

The deadline for nomination submission is **March 02, 2011**. Please send your forms to:

Employer Awards Nomination Committee,
Networks for Training and Development, Inc.
1220 Valley Forge Road, Unit 17, PO Box 206, Valley Forge, PA 19481-0206

You may also:

Fax completed forms to 610-935-6497
Questions: please call Tracy Katz at 215-264-2833