

**Governor's Committee on Employment of People with Disabilities
2008 Employee of the Year Nomination**



PLEASE TYPE OR PRINT INFORMATION

Please check one: **New Castle County** **Kent County** **Sussex County**

Nominee must be an individual with a disability who is employed for more than one year known to be a role model employee.

Nominee's Name: _____

Home Telephone _____

Address (home): _____

Name of Employer: _____

Business Address: _____

Business Telephone #: _____

Nominee's Job Title: _____

Describe nominee's present job duties and responsibilities:

Describe nominee's disability:

******* Attach additional sheets if necessary*******

Describe nominee's initiative, resourcefulness, and perseverance, or any other quality that would represent this individual as a good employee role model.

Summarize reason for nominee's nomination.

If you are or know the person submitting this nomination, please provide a full name, telephone number, mailing address, email address and job title. All information regarded as confidential.

Signature

Date

Please submit nominations no later than Monday, July 28, 2008 to the attention of Cynthia Fairwell, GCEPD, 4425 N. Market Street, P. O. Box 9969, Wilmington, DE 19809-0969 or FAX to Cynthia at (302) 761-6611

******* Attach additional sheets if necessary*******

**Governor's Committee on Employment of People with Disabilities
2008 Employer of the Year Nomination**



PLEASE TYPE OR PRINT INFORMATION

Please check one: **New Castle County** **Kent County** **Sussex County**

Nominee must be a business or company (large or small) that has shown willingness to recruit, hire, train, and accommodate individuals with disabilities.

Company Name: _____

Phone Number: _____ **Contact Person:** _____

Business Address: _____

Type of Business: _____

Number of Employees: _____

Number of Employees with Disabilities (if known): _____

Types of Employee Disabilities and Jobs Performed _____

Describe nominee's recruitment initiatives to employ of persons with disabilities:

If any, what "reasonable or special accommodations" has the business made for its employees with disabilities?

******* Attach additional sheets if necessary*******

Explain any other activities of the nominee at the local, state, or national or on a personal level that promotes the employment of people with disabilities.

If you are or know the person submitting this nomination, please provide a full name, telephone number, mailing address, email address and job title. All information regarded as confidential.

Signature

Date

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******* Attach additional sheets if necessary*******

**Governor's Committee on Employment of People with Disabilities
2008 Service Provider of the Year Nomination**



PLEASE TYPE OR PRINT INFORMATION

Please check one: **New Castle County** **Kent County** **Sussex County**

Nominated Provider can be any community organization, agency, educational institution or other community resource that has provided individuals with a disability with services to improve their quality of life.

Provider Name: _____

Phone Number: _____ **Contact Person:** _____

Provider Address: _____

Type of Business: _____

Type(s) of service(s) provided: _____

Describe nominee's initiative and willingness to provide accommodations to Individuals with disabilities:

Describe any innovative programs, initiatives, or policies and or procedures the nominee has developed for individuals with disabilities:

******* Attach additional sheets if necessary*******

Describe in detail the contribution on which this nomination is based. How have the actions of the nominee improved the quality of life for people with disabilities?

If you are or know the person submitting this nomination, please provide a full name, telephone number, mailing address, email address and job title. All information regarded as confidential.

Signature

Date

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******* Attach additional sheets if necessary*******