

### **Interagency Committee on Employees with Disabilities**



Nomination for: State Employee of the Year Award

#### AWARDS PROGRAM CRITERIA FOR STATE EMPLOYEE OF THE YEAR:

- A State of Illinois Employee with a Disability who is employed by an agency, board or commission under the jurisdiction of the Governor.
- An enthusiastic employee who exhibits a creative approach to work that reflects initiative and goes beyond job requirements.
- An employee who displays good human relations skill, works well with others and is respectful of co-workers.
- An employee who exhibits sensitivity to disability issues and promotes disability awareness and self-respect.
- An employee with good job performance.
- An employee who has made outstanding achievements in improving the status of people with disabilities.

### PLEASE RETURN THE COMPLETED NOMINATION FORM BY FEBRUARY 12th TO:

EMAIL: Susan.Allen@illinois.gov

FAX: Susan Allen, ATTN: ICED, (217) 785-5106

MAIL: Susan Allen, ATTN: ICED, 222 S. College, Room 101, Springfield, IL 62704



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I. NOMINATED EMPLOYEE
Name
Agency (Full Name)
Address / Zip Code
Job Title
Number of Years Employed in Agency
II. PERSON MAKING RECOMMENDATION
Name
Agency (Full Name)
Address / Zip Code
Telephone # (full)



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III.	RATIONALE FOR NOMINATION (see Page 1 for criteria). sheets if necessary.	Use additional