



Alabama Department of
REHABILITATION SERVICES



Governor's Committee on Employment of People with Disabilities 2022 STATEWIDE AWARDS

NOMINATION INSTRUCTIONS

All award nominations must be submitted electronically to Becky Parker at becky.parker@rehab.alabama.gov.

Deadline for submission is July 15, 2022, 5:00 p.m.

- Please ensure correct spelling of names and employers on your nomination forms.
- Fill out the entire form(s) completely, or write "n/a" if the line is not applicable.

AWARD CATEGORIES:

- Employee of the Year – Large Business
- Employee of the Year – Small Business
- Employer of the Year – Large Business
- Employer of the Year – Small Business
- Public Service Award
- Student of the Year

For further information, contact Becky Parker at (205) 290-4446.



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AWARD CATEGORIES AND DESCRIPTIONS

1. EMPLOYEE OF THE YEAR | LARGE BUSINESS (50 or more employees)

This award is public recognition for an outstanding employee of a large business who has a disability, who has demonstrated extraordinary performance, has become an asset to the company, has exemplified how inclusivity benefits all employees, and has demonstrated determination in overcoming complex challenges to achieve their maximum potential.

2. EMPLOYEE OF THE YEAR | SMALL BUSINESS (Less than 50 employees)

This award is public recognition for an outstanding employee of a small business who has a disability, who has demonstrated extraordinary performance, has become an asset to the company, has exemplified how inclusivity benefits all employees, and has demonstrated determination in overcoming complex challenges to achieve their maximum potential.

3. EMPLOYER OF THE YEAR | LARGE BUSINESS (50 or more employees)

This award is public recognition of a large business that has successfully hired talented, determined, and skilled people with disabilities, understands the value of recruiting and hiring people with disabilities, and has created a positive culture of inclusiveness in their business.

4. EMPLOYER OF THE YEAR | SMALL BUSINESS (Less than 50 employees)

This award is public recognition of a small business that has successfully hired talented, determined, and skilled people with disabilities, understands the value of recruiting and hiring people with disabilities, and has created a positive culture of inclusiveness in their business.

5. PUBLIC SERVICE AWARD

This award is presented to a local elected or appointed official for their exceptional contributions on matters affecting people with disabilities, investing in supports for people with disabilities through policy and actions, and advocating for these investments to the community, workforce, and economy.

6. STUDENT OF THE YEAR

This award is presented to a student with a disability who has demonstrated exemplary efforts in pursuit of their education and demonstrated determination in overcoming complex challenges to achieve their maximum potential. (This student must be in good standing during the fiscal year in which they are nominated.)



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Governor's Committee on Employment of People with Disabilities 2022 STATEWIDE AWARDS NOMINATION FORM

EMPLOYEE OF THE YEAR

Select one: Small Business (Less than 50 employees) Large Business (50 or more employees)

NOMINATED BY:

Date: _____

Name: _____ Job Title: _____

Place of Employment: _____

Phone: _____ Email: _____

NOMINEE INFORMATION:

List nominee as it should appear on certificate. Please mark "n/a" on lines that are not applicable.

Nominee: _____

Address: _____

City/County/Zip: _____

Telephone: _____ E-mail: _____

Job title: _____

Employed by: _____ Years of Employment: _____

NOMINATION:

Describe using specific details and examples for why your nominee deserves this recognition. What talents, value, and special skills did this nominee bring to the company? What challenges did this nominee overcome to succeed and excel in the job? How has your business benefitted from hiring this nominee? (Use back of form or attach additional pages, if needed.)



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NOMINATION (continued)

Nominee: _____



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Governor's Committee on Employment of People with Disabilities 2022 STATEWIDE AWARDS NOMINATION FORM

EMPLOYER OF THE YEAR

Select one: Small Business (Less than 50 employees) Large Business (50 or more employees)

NOMINATED BY:

Date: _____

Name: _____ Job Title: _____

Place of Employment: _____

Phone: _____ Email: _____

NOMINEE INFORMATION:

List nominee as it should appear on certificate. Please mark "n/a" on lines that are not applicable.

Nominee: _____

Address: _____

City/County/Zip: _____

Contact Name: _____

Telephone: _____ E-mail: _____

NOMINATION:

Provide a detailed description of employer's recruitment and outreach efforts to entities serving people with disabilities, describe successful hiring scenarios that resulted from these partnerships, and include details on any accommodations or special initiatives that made a difference in employees with disabilities achieving success. (Use back of form or attach additional pages, if needed.)



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NOMINATION (continued)

Nominee: _____



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Governor's Committee on Employment of People with Disabilities 2022 STATEWIDE AWARDS NOMINATION FORM

PUBLIC SERVICE AWARD

NOMINATED BY:

Date: _____

Name: _____ Job Title: _____

Place of Employment: _____

Phone: _____ Email: _____

NOMINEE INFORMATION:

List nominee as it should appear on certificate. Please mark "n/a" on lines that are not applicable.

Nominee: _____

Address: _____

City/County/Zip: _____

Telephone: _____ E-mail: _____

Public office / Job title: _____

NOMINATION:

Describe in detail reasons why your nominee deserves this recognition. As a local elected or appointed official, describe their exceptional contributions on matters affecting people with disabilities, their investments in supports for people with disabilities through policy and actions, and their efforts advocating for these investments to benefit the community, workforce, and economy. (Use back of form or attach additional pages, if needed.)



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NOMINATION (continued)

Nominee: _____





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STUDENT OF THE YEAR

NOMINATED BY:

Date: _____

Name: _____ Job Title: _____

Place of Employment: _____

Phone: _____ Email: _____

NOMINEE INFORMATION:

List nominee as it should appear on certificate. Please mark "n/a" on lines that are not applicable.

Nominee: _____

Address: _____

City/County/Zip: _____

Telephone: _____ E-mail: _____

Public office / Job title: _____

NOMINATION:

Describe in detail reasons why your nominee deserves this recognition. Provide specific ways your nominee has demonstrated exemplary efforts in pursuit of their education, any innovative accommodations that contributed to the nominee's success, and their determination in overcoming complex challenges to achieve their maximum potential. (Use back of form or attach additional pages, if needed.)



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NOMINATION (continued)

Nominee: _____

