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 MARCH 25, 2011 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**

Interagency Committee on Employees with Disabilities

Nomination for: **State Employee of the Year Award**

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). Use additional sheets if necessary.