

California Workforce Connection Award Nomination Form

ENTRIES MUST BE POSTMARKED BY **March 1, 20__**

1. Check the specific award for which this nomination is submitted:

- | | | |
|---|-------------------------------------|--------------------------------|
| Award of Distinction | <input type="checkbox"/> Individual | <input type="checkbox"/> Group |
| Meritorious Award: | <input type="checkbox"/> Individual | <input type="checkbox"/> Group |
| Services to Veterans Award: | <input type="checkbox"/> Individual | <input type="checkbox"/> Group |
| Retiree Award: | <input type="checkbox"/> Individual | |
| Partner Employee Performance Award: | <input type="checkbox"/> Individual | <input type="checkbox"/> Group |
| Customer Service Award: | <input type="checkbox"/> Individual | <input type="checkbox"/> Group |
| EDD Employee Performance Award: | | |
| Workforce Services Branch: | <input type="checkbox"/> Individual | <input type="checkbox"/> Group |
| Unemployment Insurance Branch: | <input type="checkbox"/> Individual | <input type="checkbox"/> Group |
| Disability Insurance Branch: | <input type="checkbox"/> Individual | <input type="checkbox"/> Group |
| Tax Branch: | <input type="checkbox"/> Individual | <input type="checkbox"/> Group |
| Administration Branch: | <input type="checkbox"/> Individual | <input type="checkbox"/> Group |
| Information Technology Branch: | <input type="checkbox"/> Individual | <input type="checkbox"/> Group |
| Policy Accountability, & Compliance Branch: | <input type="checkbox"/> Individual | <input type="checkbox"/> Group |
| Public Affairs Branch: | <input type="checkbox"/> Individual | <input type="checkbox"/> Group |

2. This nomination is submitted by the _____ Chapter

3. Name of Nominee: _____ Member Non- Member

Verification of membership (Awards Committee use only) : _____

If for a group attach an additional page listing the Names of the Nominees alphabetically.

Professional Title: _____

Employer Organization: _____ Office Name/ARU: _____

Complete Address: _____

City: _____ St: _____ Zip: _____

Phone #: (H) _____ (C) _____ Email: _____

4. Name of Nominator: _____ Member Non- Member

Mailing and Postmark Verification Policy

- 1. All entries must be post marked on or before March 1, 20__**
- 2. Entries must be mailed to the appropriate state chairperson or state officer.**

Mail Nominations to:

Retiree Award: (Retiree Chair)
All of the other award nominations: (2nd VP)