



NOMINATION FORM
2017 FAMILY FRIENDLY EMPLOYER AWARD

Your Name: _____

Daytime Telephone: _____

Email: _____

Name and address of the legal employer you wish to nominate: _____

Please describe your relationship to this employer: _____

If you are an employee of this employer, please describe your position with the employer and length of employment: _____

Name and telephone number of a representative of the nominee who would be able to provide details about the nominee's employment policies and practices: _____

Please explain in detail why you believe this employer is worthy of the recognition for its family friendly policies or practices. Please be specific as to any policies the employer established including, but not limited to, the following: part-time employment, part-time partnership, maternity/paternity/family leave, flexible work schedules, telecommuting and job sharing. *Please feel free to attach additional comments or documentation.*

