

The right solution.

Artie Lee Hinds Award Nomination Form

*One employee nominee per community rehabilitation program.

Nominee must work on a State Use Program contract. Attach additional sheets as needed.

Please be as detailed as possible in your descriptions.

Please include a photo of your nominee with your nomination submission.

The deadline for nominations is Friday, May 20, 2022.

Nominating CRP: Contact Name:_____ Address: City, State & Zip: Contact Email: Contact Telephone: Nominee name: _____ Nominee has been with the company this long: **State Use contract that the employee works on:** Please include the location(s) and/or facility(s) where the employee works: Describe your nominee's weekly work schedule, including days of the week and total hours worked:

| Describe your nominee's job responsibilities: | | | | |
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| Nominee has shown leadership in these areas of responsibility: | | | | |
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| Has this job helped your nominee to become more independent? If so, how? | | | | |
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| Was the nominee employed prior to beginning work with your organization? If so, in what type of position? | | | | |
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| I nominate this employee for the following reasons: | | | | |
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| "I like my job because | | |
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| "My mayah aala halma maa 4a | | |
| "My paycheck helps me to | | |
| | | |

Additional information from your nominee:

Deadline: Friday, May 20, 2022

Please submit all nominations to Taylor McBride via online submission or email:

WorkQuest Attn: Taylor McBride 1011 East 53 ½ Street Austin, Texas 78751

Email: tmcbride@workquest.com *Phone*: 512-451-8145 *Fax*: 512-371-0028