

WorkQuest

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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 3, 2024.

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 city(s) and 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:

Nominee has shown leadership in these areas of responsibility:

Has this job helped your nominee to become more independent? If so, how?

Was the nominee employed prior to beginning work with your organization? If so, in what type of position?

I nominate this employee for the following reasons:

Is there anything else that you feel is important for us to know about your employee:

Additional information from your nominee:

“I like my job because _____

“My paycheck helps me to _____

Deadline: Friday, May 3, 2024

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