

# WorkQuest

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 Monday, May 5, 2025.***

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:

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Please include the city(s) and facility(s) where the employee works:

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Describe your nominee's weekly work schedule, including days of the week and total hours worked:

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

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**Additional information from your nominee:**

**“I like my job because** \_\_\_\_\_

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**“My paycheck helps me to** \_\_\_\_\_

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**Deadline: Monday, May 5, 2025**

Please submit all nominations to Marie Richter via online submission or email:

WorkQuest  
Attn: Marie Richter  
1011 East 53 ½ Street  
Austin, Texas 78751  
*Email:* [mrichter@workquest.com](mailto:mrichter@workquest.com)  
*Phone:* 512-451-8145 *Fax:* 512-371-0028