

CAROL S. KNOX AWARD NOMINATION FORM

Your name: _____

Phone number: _____

Name and address of legal employer you wish to nominate:

Please describe your relationship, if any, to this employer.

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

Name and telephone number of a representative of the nominee who would be able to provide details of the nominee's personnel policies and practices (optional):

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

Please provide nomination materials to Amy Schallop, 19 Sage Lane, Glenmont, NY 12077 or AmySchallop@Yahoo.com. Nominations must be postmarked or e-mailed no later than March 30. If you have any questions, please contact Amy at AmySchallop@yahoo.com, 439-3235.