Nomination Form For Outstanding Employer/ Employee
Mayor's Commission For Persons With Disabilities

Deadline for Submission September 3, 2019

The nomination for an employer/ company should be one that exemplifies accessibility and inclusiveness in the workplace for persons with disabilities. The nomination for an employee should be someone with a disability that demonstrates good work ethics and is valued in the workplace. Please include accommodations used by the employee.

Your name: _____ Phone Number: _____

Choose One: (To nominate for both categories, use a separate form for each nomination.)

_____ Employer of the Year _____Employee of the Year

Name of Nominee:_____ Company:_____

Nominee's Phone # :_____ Position:_____

Reason for your nomination: (Please be specific and give examples if possible.)

The Winner will be recognized at a Chamber of Commerce breakfast on Oct 24th.

_____
_____
_____
_____
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_____

_____
_____
_____

Your relationship to the nominee:_____

_____

Send your nomination form to MCPD@columbusga.org

Or, mail to: Columbus Government Center

C/O: Aron D. Torbert

P.O. Box 1340

Columbus, GA 31902-1340

For questions contact Aron Torbert: 706-653-4492