SFLERP 2017 Margery Gootnick Labor Management Cooperation Award

Deadline: noon, Friday, April 28, 2017

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**I. INFORMATION ON INDIVIDUALS BEING NOMINATED**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **UNION** |  |  | **MANAGEMENT** |
| **Name** |  | **Name** |  |
| Title |  | Title |  |
| Organization |  | Organization |  |
| Address |  | Address |  |
| Address2 |  | Address2 |  |
| City |  | City |  |
| State / zip |  | State / zip |  |
| Phone |  | Phone |  |
| Email |  | Email |  |
|  | **UNION OFFICIALS** |  |  | **AGENCY OFFICIALS** |
| **Name** |  |  | **Name** |  |
| Phone |  |  | Phone |  |
| Email |  |  | Email |  |
|  |  |  |  |  |
| **Name** |  |  | **Name** |  |
| Phone |  |  | Phone |  |
| Email |  |  | Email |  |

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| **II. NOMINATOR(S)**  Anonymous nominations will be accepted, but the identity of the nominator must be known to the SFLERP Awards Committee.  Requests for confidentiality will be honored by SFLERP.  Please include your address and phone number in case there are any questions regarding your nomination.  Use both columns in the case of a joint labor-management self-nomination. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** |  |  | **Name** |  |
| Title |  |  | Title |  |
| Organization |  |  | Organization |  |
| Address |  |  | Address |  |
| Address2 |  |  | Address2 |  |
| City |  |  | City |  |
| State / Zip |  |  | State / Zip |  |
| Phone |  |  | Phone |  |
| Email |  |  | Email |  |

|  |
| --- |
| I wish to remain anonymous **YES NO** Relationship to the nominees    **III. NOMINATION CATEGORY** |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Most Improved Relationship |  | Sustained Level of Cooperative Relations |
|  | Most innovative Relationship |  | Other |

**IV. STATEMENT IN SUPPORT OF NOMINATION**

Please attach a statement in support of the nomination that demonstrates your knowledge of the

parties and why you believe they are deserving of the Award.

Please limit your statement to 750 words (one double-spaced page).

**V. REFERENCES**

Please include at least two references who can attest to the parties’ relationship.

Be sure to inform the references they may receive a call or email from SFLERP.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** |  |  | **Name** |  |
| Title |  |  | Title |  |
| Address |  |  | Address |  |
| Address2 |  |  | Address2 |  |
| City / State / Zip |  |  | City / State / Zip |  |
| Phone |  |  | Phone |  |
| Email |  |  | Email |  |
|  |  | |  |  |
| **Name** |  |  | **Name** |  |
| Title |  |  | Title |  |
| Address |  |  | Address |  |
| Address2 |  |  | Address2 |  |
| City / State / Zip |  |  | City / State / Zip |  |
| Phone |  |  | Phone |  |
| Email |  |  | Email |  |
| **Signature of Nominator** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | **Signature of Nominator** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Please print, sign and PDF scanned/emailed to info@sflerp.org**  **or fax to 703-852-4461 no later than noon on Friday, April 28, 2017.**  **IMPORTANT: Call 703-403-3039 to confirm submission!** |