



**13th Annual Employment Awards Luncheon
Tuesday, November 22, 2022**

Awards Nominations

Each year Maryland Works is excited to honor the work of exemplary individuals and businesses. Below are the categories for nominations for the 13th Annual Employment Awards. If you know a deserving individual or organization, please submit a nomination.

****Nominating Criteria****

<i>Employee of the Year</i>	<i>An individual with a disability who has achieved significant work/career outcomes.</i>
<i>Employer of the Year</i>	<i>An employer that has demonstrated a significant commitment to hiring, retaining, and advancing individuals with disabilities</i>
<i>Workforce Professional of the Year</i>	<i>An individual workforce professional who has made significant contributions in the employment of people with disabilities</i>
<i>Business Owner of the Year</i>	<i>An individual with a disability who owns and has led their business to achieve significant success</i>
<i>Provider of the Year</i>	<i>A non-profit community service provider that has achieved significant outcomes in employment of people with disabilities</i>
<i>Transition Professional of the Year</i>	<i>A school affiliated professional who has demonstrate an exceptional commitment to helping students with disabilities transition from high school to meaningful employment</i>



To nominate a deserving individual or organization, please complete the form below. Nomination forms must be received by Friday, September 30th. When complete please click the submit button or mail the Awards Nomination form to Maryland Works, 10270 Old Columbia Road Suite 100, Columbia, MD 21046 or e-mail to awards@mdworks.com.

(1) Information about the person making the nomination

Nominator Name/Title _____

Day Phone _____ E-mail _____

Address _____
Address City State Zip Code

(2) Information about the nominee

This nomination is for (Check one):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee of the Year	Employer of the Year	Workforce Professional of the Year	Provider of the Year	Transition Professional of the Year	Business Owner of the Year	<i>Direct Service Professional of the Year</i>

**** TELL US ABOUT THE NOMINEE ****

Nominee _____

Day Phone _____ E-mail _____

Address _____
Street address City State Zip Code



A. Tell us a little about the nominee (*Please attach any relevant materials to support the nomination*)

B. Please make the case for why this nominee deserves the award. (*Please attach any relevant materials to support the nomination*)