



New York State

Public Employer Labor Relations Association Inc.

William L. Holcomb Award for Public Service in Labor Relations for 2009-2010 NOMINATION FORM

Nominee: _____ Date: _____
Title: _____
Employer: _____
Employer Address: _____
Phone: _____ Fax: _____ Email: _____

Is the nominee a current member of NYSPELRA? Yes No
Does the nominee know of this nomination? Yes No
Will the nominee be attending the NYSPELRA annual meeting? Yes No

Outline in detail the reasons and basis for the nomination. Please focus on the specific accomplishments or what contributions this nominee has made toward providing innovative solutions, leadership, dedicated public service or extraordinary achievements. Attach supporting documentation as appropriate. Please attach additional pages if more space is needed.

Person submitting nomination: _____
Title: _____
Employer: _____
Employer Address: _____
Phone: _____ Fax: _____ Email: _____