



## Receive Recognition For Your Company's Better Workplace Programs!

Each year, hundreds of Washington companies take extra steps to create workplaces that are family-friendly, promote safety and enable employees to be their best. The AWB Better Workplace Awards recognize those companies and help others identify and develop programs that result in higher morale, increased productivity, reduced turnover, improved recruiting and reduced training costs.

### Nominations

All AWB members are eligible. This form must be submitted for each nominee. Please attach no more than (2) double-sided, 8 1/2" x 11" pages detailing your program.

### Deadline

Entries must be postmarked on or before **January 9, 2009** and mailed to Association of Washington Business, P.O. Box 658, Olympia, WA 98507-0658, ATTN: Jennifer Costello.

### Judging

Entries will be judged by a panel of experts in the human resources area. The evaluation panel will pay particular attention to the following:

- Innovation
- Creativity
- Uniqueness
- Quantification of Results

### Award Categories

Awards will be given in four categories: companies with fewer than 25 employees; companies with 26 - 100 employees; companies with 101 - 250 employees; and companies with more than 250 employees.

- Workplace Safety
- Job Training & Advancement Programs
- Innovative Benefit/Compensation Program

### Awards Presentation

Awards will be presented at a special luncheon held in conjunction with AWB's Legislative Day on **February 11 at the Red Lion Hotel, Olympia**. A detailed brochure for this event will be mailed to you early January.

Awards will be presented to winners and photo press releases will be sent to appropriate print media statewide. Winners will also be featured in AWB's magazine, *Washington Business*

If your company (*or one that you know*) is offering programs similar to those listed below, we encourage you to submit a nomination.

### *Workplace Safety*

For example:

- Commitment to employer and employee accountability, safety committee
- Hazard identification and control program, training employees in safe work practices, hazards, accident/incident investigation
- Periodic plan evaluations, supervisor training
- Ensure employees comply with safe work practices, conduct routine self-inspections, rewards/incentives for incident-free work groups
- CPR trained staff person
- Wellness program

### *Job Training/Advancement*

For example:

- Staff development seminars
- Promotions from within
- Continuing education programs
- Recognition programs
- Career enhancements or tuition assistance
- In-house training, certification

### *Innovative Benefits/ Compensation*

For example:

- Flexible work options (i.e., flextime, job sharing, compressed work week, etc.)
- Leave (i.e., maternity, paternity, adoption, personal, sabbatical, phased retirement)
- Innovative vacation program
- Financial assistance (i.e., flexibility benefit plan, benefit coverage for dependents, long-term care insurance)
- Dependent care services (i.e., child care on or near site, child care network, kids' day, elder care resource and referral)
- Work-family stress management (i.e., work-family seminars, support groups or library, fitness center, special events)
- Corporate investment, employee assistance programs, medical/dental, disability, extended sick leave, life insurance programs, benefits for part time workers
- Bonus plans
- Profit sharing
- Incentive plan
- Salary parity programs
- Stock options programs
- Section 125 plans
- Merit programs



# 2009 AWARDS

## Submit To

Association of  
Washington Business  
ATTN: Jennifer Costello  
P.O. Box 658  
Olympia WA 98507-0658

Fax:  
360-943-5811

E-mail:  
jenniferc@awb.org

## Deadline

Nominations must be  
postmarked by  
**January 9, 2009**



1-800-521-9325

Visit our Web site at  
[www.awb.org](http://www.awb.org)

# Nomination Form

Please tell us why you feel the company being nominated is deserving of an award. In your description, please address the following:

- Innovation
- Meeting employee needs
- How program has impacted employees
- Employer commitment
- Effectiveness of the overall program
- How program is "family-friendly"

Please include information that will help us understand your nominee's programs, policies and commitment to a better workplace. Please provide no more than (2) double-sided pages. If you would like to submit more than one nomination, please use a separate form for each entry. You may photocopy this form for multiple use.

## Nominee Information

Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

## Nominated By

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

## Company Size *(please check one)*

- |  |   |
|--|---|
| <input type="checkbox"/> Fewer than 25 employees         | <input type="checkbox"/> Companies with 101-250 employees       |
| <input type="checkbox"/> Companies with 26-100 employees | <input type="checkbox"/> Companies with more than 250 employees |

## Category *(please check one per entry)*

- Workplace Safety
- Job Training & Advancement Programs
- Innovative Benefit/Compensation Programs