



Twin City Area Labor-Management Council

2014

Earl Willford Labor-Management Cooperation and Partnership Award

PURPOSE:

To recognize outstanding effort(s) by an individual, partnership or labor-management committee that has demonstrated commitment to promoting excellent labor-management cooperation in the Twin City area.

CRITERIA AND PROCEDURE:

1. The Labor-Management Committee's *Organization and Union/Individual Nominee(s)* **MUST BE A MEMBER** in good standing of the Twin City Area Labor-Management Council.
2. The Labor-Management Committee/Individual Nominee(s) *must be actively involved* in a cooperative labor-management program, *or must be known for their work* in promoting the principles of good labor-management cooperation.
3. Anyone may nominate. Individuals or groups may submit more than one nomination, provided a separate Nomination Form is prepared for each.
4. Nomination forms and supporting data become the property of the Twin City Area Labor-Management Council. **Be very specific and provide detailed information.** Nomination Forms **must** include the following information:
 - Describe the effort, **in detail**, that promoted/created positive labor-management cooperation. Be very specific, the more detail, the better.
 - Describe, **in detail, specific results**, which may include economic development achieved because of the nominee(s)'s effort. (*Give examples*).
 - Indicate the length of time this cooperative effort has been in place.
5. The deadline for submitting nominations to the Twin City Area Labor-Management Council is **5 P.M. – FRIDAY, JANUARY 17, 2014.**
6. The selection committee will consist of members of the Twin City Area Labor-Management Council's Board of Directors. During the review process, the committee **may** request a site visit or request to interview the nominator(s). The decision of the Committee will be final.

The award will be presented at the Twin City Area Labor-Management Council's Annual Meeting.

**ALL MEMBERS OF THE LABOR-MANAGEMENT COMMITTEE AND INDIVIDUAL NOMINEES
SHOULD REGISTER AND ATTEND**



2014 NOMINATION FORM

Earl Willford Labor-Management Cooperation and Partnership Award

LMC'S/Nominee's name: _____

Title (not applicable for LMC): _____

Organization: _____

Address: _____

City, State, Zip: _____

FOR LABOR-MANAGEMENT COMMITTEE NOMINATIONS: In addition to this information sheet, Complete Part II: Reasons for Nomination

Date Committee Originated: _____ (All Union(s) and Company(s) must be members of TCALMC)

Please list the names of ALL Committee members. *Use a separate sheet of paper, if needed*

Labor Representatives

Management Representatives

Labor Co-Chair

Mgmt Co-chair

FOR INDIVIDUAL NOMINATIONS: In addition to this information sheet, complete Part II: Reasons for Nomination and on a separate sheet of paper, please include a brief description of your nominee's qualifications for this award. DO NOT INDICATE THE NOMINEE'S NAME OR THEIR ORGANIZATION ON THAT SHEET.

FOR LABOR-MANAGEMENT COMMITTEES AND INDIVIDUAL NOMINATIONS:

Nominator's Name: _____

Title: _____ Email Address: _____

Organization/Affiliation: _____

Address: _____

City, State, Zip: _____ Phone: _____

Signature

Date

Be sure to:

- ✓ Submit one nomination per form.
- ✓ Entries should be typewritten or printed legibly.
- ✓ Describe in specific detail the effort that promoted/created positive labor-management cooperation.
- ✓ Describe specific results achieved because of the nominee's/LMC's effort.
- ✓ REGISTER NOMINEE(S) FOR AWARD PRESENTATION. ALL MEMBERS MUST BE PRESENT.

MAIL TO:

*Twin City Area Labor-Management Council
2829 University Avenue SE, Suite 100
Minneapolis, MN 55414*

**DEADLINE:
JANUARY 17, 2014**

