ABA Section of Labor and Employment Law
2019 Federal Labor and Employment
Attorney of the Year Award

Nomination Form

NOMINEE INFORMATION:

Prefix (e.g. Mr., Ms., Dr.)
First Name:
Last Name:
Employer (Agency and office/department):
Position:
Office Address:

Telephone Number:
Email address:

NOMINATOR INFORMATION

First Name:
Last Name:
Agency and office/department:
Office Address:

Email address:
Telephone number:
Relationship to nominee:
ADDITIONAL INFORMATION

Three references for the nominee who can verify the information contained in this application. The first two references must be the nominee’s supervisor and a more senior level official within the nominee’s organization.

Names:

Titles:

Phone numbers:

Email addresses:

ESSAY RESPONSE

Please attach a document which, in 500 words or less, identifies the specific accomplishment(s) of the nominee, personal characteristics of the nominee, and how the nominee fulfills the selection criteria.

Return Completed Forms to: American Bar Association
Section of Labor and Employment Law
321 North Clark Street
Chicago, IL 60654
laborempllaw@americanbar.org

All forms and documentation must be received by July 1, 2019