

**TEXAS WATER UTILITIES ASSOCIATION
AWARD NOMINATION FORM**

This is a general nomination form, and may be used for any award for which nominations are sought. It may be reproduced as necessary. Additional information about the individual or organization being nominated should be supplied on an additional sheet of paper if possible. Be sure to make clear to the Awards Committee why you believe their efforts or accomplishments are deserving of recognition. If a nominee is to be considered in more than one category, submit separate nomination forms for each.

NOMINATION FOR WHICH AWARD:

INDIVIDUAL AWARDS

- | | |
|--|---|
| <input type="checkbox"/> Ballard Meritorious Service | <input type="checkbox"/> Allen Distinguished Service |
| <input type="checkbox"/> Outstanding Professional | <input type="checkbox"/> Outstanding New Professional |
| <input type="checkbox"/> Education and Training | <input type="checkbox"/> Public Education |
| <input type="checkbox"/> Association Leadership | <input type="checkbox"/> Community Service |
| <input type="checkbox"/> Community Improvement | <input type="checkbox"/> Heroism |
| <input type="checkbox"/> Operator of the Year | |
| <input type="checkbox"/> 1,001-10,000 Population | |
| <input type="checkbox"/> 10,001-30,000 Population | |
| <input type="checkbox"/> 30,001-60,000 Population | |
| <input type="checkbox"/> Over 60,000 Population | |

ORGANIZATIONAL AWARDS

- | |
|---|
| <input type="checkbox"/> Leadership Award |
| <input type="checkbox"/> Alliance Award |
| <input type="checkbox"/> Public Education Program Award |
| <input type="checkbox"/> Batchelor Safety Program Award |

Use the form to describe why the named nominee is deserving in this category.

PERSONAL INFORMATION:

Name of Nominee: _____ Daytime Phone: _____
Nominee's Address: _____
Current Member of Which District/Chapter: _____
Social Security No.: _____ Date of Birth: _____ Marital Status: _____
Spouse's Name: _____ Children's Names: _____

EDUCATIONAL INFORMATION:

Formal Diplomas and Degrees Held: _____
Professional Memberships/Awards: _____
Certificates and Licenses Held: _____

EMPLOYMENT INFORMATION:

Present Job Title: _____ Length of Time in Present Position: _____ Years
Present Employer: _____
If less than three years, Previous Employer: _____
Years in the Water Utilities Profession: _____
Description of Present Job Duties: _____

NOMINEE'S ACCOMPLISHMENTS:

Notable Achievements in the Water Utilities Profession: _____

Notable Public Education Activities: _____

Community and Local Organization Involvement: _____

Notable T.W.U.A. Leadership Activities: _____

Additional Information Regarding the Nominee: _____

If nominated for the Operator of the Year Award, What is the Number of Connections or Population Served? _____

Name of Person Submitting Nomination: _____

Daytime Phone: _____

PLEASE PROVIDE A LIST (NAMES AND ADDRESSES) OF AREA NEWSPAPERS WHICH MIGHT WISH TO RECEIVE A PRESS RELEASE SHOULD THE NOMINEE BE SELECTED AS AN AWARD RECIPIENT.

YOU ARE INVITED AND ENCOURAGED TO ATTACH ADDITIONAL SHEETS TO CONVEY FURTHER SUPPORTIVE INFORMATION TO THE AWARDS COMMITTEE REGARDING THE NOMINEE.

THANK YOU FOR PARTICIPATING IN THE ASSOCIATION'S ANNUAL AWARDS PROGRAM

*Submit all nomination forms, **by December 31st** by mail to:*

Texas Water Utilities Association
1106 Clayton Lane, Suite 101 East
Austin, Texas 78723-1093

or by Facsimile to:
(512) 459-7124

**TEXAS WATER UTILITIES ASSOCIATION
AWARD NOMINATION FORM
R. B. "BOB" BATCHELOR MEMORIAL
SAFETY PROGRAM AWARD**

Note: All nominees for the Safety Program Award must be able to demonstrate a reduction in the number of lost time accident or injury cases from the previous year in order to be considered.

Name of Nominated Utility: _____ Date: _____

Department/Division or Section (if applicable): _____

Nominee's Address: _____

City/State/Zip Code: _____

Contact Person: _____ Daytime Telephone: _____

This nomination is for the 12-month period which ended on: _____, 20_____

	Last Year	This Year
Average Number of Employees	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Safety Training Hours per Employee	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Number of Lost Time Cases (Involving Injury or Illness)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Number of Occupational Fatalities (Resulting from Injury or Illness)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Lost Time Cases/Employee (%)	<input style="width: 100%;" type="text"/>	$\frac{\text{Number of Cases}}{\text{Number of Employees}} \times 100 = \%$
Lost Time Case Reduction (%)	<input style="width: 100%;" type="text"/>	$\frac{\text{Last Year's \#} - \text{This Year's \#}}{\text{Last Year's \#}} \times 100 = \%$

Please attach the following to the nomination form:

1. A copy of the nominee's documented safety program with all supportive policies and procedures.
2. A record of Safety Training provided to employees.
3. A calculation of the average hours of safety training provided per employee.

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