



DUBUQUE AREA LABOR-MANAGEMENT COUNCIL

“Working together for a better community”

P.O. Box 14, Dubuque, IA 52004-0014
Phone: 563-582-8804 E-mail: info@dalmc.net
www.dalmc.com

Labor Management Community Service Award

Your NOMINATION is requested by October 13, 2017

Nominations are now being accepted for the **Labor Management Community Service Award**. The DALMC's awards committee is looking for those individuals that support labor management working together, but also go above and beyond in our community by supporting non-profits. Community service is not part of their job, but it is what they do during their time outside of their work day. Maybe they serve on a non-profit board, assist with the United Labor Participation Committee, led a group Boy or Girl Scouts, volunteer at the Rescue Mission or a variety of other worthy causes.

The Awards Committee will select one recipient for this award in 2017.

Please make a point of contacting or meeting to consult with your labor relations counterpart about this sometime in the next few days. Together, please consider nominating an individual to be recognized at the Awards Banquet on Tuesday, November 21, 2017. Nominations are reviewed on their own merit and are not in “competition” with other nominations.

On a separate sheet, please describe the reasons that the individual you are nominating merits recognition. What has this individual done that goes above and beyond other people in our community.

Recommendations for nomination should be approved and processed through you, the organization's representative to the Labor-Management Council. Contact Kelly Cooper at kellycooper@dalmc.net or at 582-8804 if you have any questions.

Thank you for your prompt and careful consideration.



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2017 Labor Management Community Service Award

(Individual to be recognized jointly by the employer and union)

Nomination Form

Deadline: Friday, October 13, 2017

Use a separate form to nominate each individual

Individual nominated: _____

Phone: _____ E-mail: _____

Employer (if applicable): _____

Union (if applicable): _____

Nomination approved by:

Signature of union representative: _____ Phone: _____

Signature of employer representative: _____ Phone: _____

PLEASE ATTACH A BRIEF NARRATIVE TESTIMONY OR WRITE ONE BELOW