



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 Excellence

Your NOMINATION is requested by October 21, 2022

The Dubuque Area Labor-Management Council exists to help unions and employers work together and to promote the principles of constructive labor-management relations. This award publicly recognizes and appreciates individuals which exemplify one or more of the principles of collaboration in their daily work lives.

These guiding principles are:

- | | | | |
|-----------------------|------------------|-------------------------|-------------------|
| 1) Participation | 2) Communication | 3) Mutual Understanding | 4) Education |
| 5) Honesty | 6) Trust | 7) Respect | 8) Responsibility |
| 9) Openness to change | | | |

Please make a point to contact or meet with your labor relations counterpart to discuss position nominees. Together, please consider nominating an employee or member to be recognized at the end of November. Nominations are reviewed on their own merit and are not in “competition” with other nominations.

Questions to ask yourself while evaluating potential nominations include:

- How does the individual help to maintain or improve the labor-management relationship in your workplace?
- Does the individual exemplify one or more of the above principles in their daily work?
- What accomplishments have been achieved in the recent past that the individual deserves recognition?

On a separate sheet, please describe the reasons that the individual you are nominating merits recognition. This may be what the individual has done on a specific project or task or what the individual does on a regular basis as part of their daily work.

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

Nomination Form

Deadline: Friday, October 21, 2022

Use a separate form to nominate each individual

Individual nominated: _____

Position /Title: _____

Phone: _____ E-mail: _____

Employer: _____

Union (if applicable): _____

Nomination approved by (a union and employer signature is required):

Signature of union representative: _____ Phone: _____

Signature of employer representative: _____ Phone: _____

PLEASE ATTACH A BRIEF NARRATIVE TESTIMONY OR WRITE ONE BELOW