

Workforce Optimas AWARDS

2017

2017 WORKFORCE OPTIMAS AWARD NOMINATION FORM TEMPLATE

When you click the “Nominate Now” button, you will be asked to provide information about the organization and initiative you are nominating. You will be asked to respond to the following questions and submit responses in the following fields:

NOMINEE INFORMATION

Provide organization and nominator contact information.

Award Category Select one award category per nomination form

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Business Impact | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Corporate Citizenship | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Global Outlook | <input type="checkbox"/> Recruiting |
| <input type="checkbox"/> Innovation | <input type="checkbox"/> Benefits |
| <input type="checkbox"/> Managing Change | <input type="checkbox"/> Training |

Name of Initiative [Click here to enter text.](#)

Nominee’s Organization [Click here to enter text.](#)

Number of Employees [Click here to enter text.](#)

Nominee’s Organization Description In 250 words or less, describe what your company does. [Click here to enter text.](#)

Nominee’s Organization Logo Upload a high-resolution company logo

Nominee’s Mailing Address [Click here to enter text.](#)

City [Click here to enter text.](#)

State/Province [Click here to enter text.](#)

Postal/Mailing Code [Click here to enter text.](#)

Country [Click here to enter text.](#)

NOMINATOR INFORMATION

Contact information for the individual who is nominating this organization for an Optimas Award.

Nominator’s First Name [Click here to enter text.](#)

Nominator’s Last Name [Click here to enter text.](#)

Nominator’s Job Title [Click here to enter text.](#)

Nominator’s Company/Organization [Click here to enter text.](#)

Nominator’s Mailing Address [Click here to enter text.](#)

City [Click here to enter text.](#)

State/Province [Click here to enter text.](#)

Postal/Mailing Code [Click here to enter text.](#)

Country [Click here to enter text.](#)

Nominator Email Address [Click here to enter text.](#)

Nominator Phone Number [Click here to enter text.](#)

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NOMINATION INFORMATION

A description of why this organization and initiative should be considered for an Optimas Award.

Describe the overall workforce management initiative and its objective. Responses are limited of 500 words. [Click here to enter text.](#)

Describe the business challenges that provided the springboard for the workforce management Initiative? Responses are Limited of 500 words. Examples might include rapid growth, regulatory action, merger, etc. [Click here to enter text.](#)

Why was your workforce management initiative integral to the solution? Responses are Limited of 500 words. [Click here to enter text.](#)

What were the specific components of the workforce management initiative? Responses are limited of 500 words. [Click here to enter text.](#)

What was/is the time frame for the initiative? Responses are limited of 500 words. Include how long the initiative has been in place, and if you plan to maintain the initiative, how you intend to do so. [Click here to enter text.](#)

What were the measurable results of the initiative? Responses are limited of 500 words. Business results could include profitability, reduced costs, increased market share, improved customer service, higher stock value, increased productivity, retention, etc. [Click here to enter text.](#)