

**PM, APM, Manager or Supervisor of the Year Award**

Please answer the questions below to complete your nomination for consideration

by the selection committee.

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| **YOUR FIRST AND LAST NAME** |  |
| **Your Job Title and Chimes Location** |  |
| **First and Last Name and Site Location of Project Manager you’re nominating** |  |

Explain why the nominee deserves the **PM, APM, Manager or Supervisor of the Year Award**, citing examples of how they have **displayed excellence in leadership / service / efficiency / effectiveness, advanced employment for people with disabilities, mentored disabled staff, and fostered collaboration, communication, and continuous improvement**. Use the other side as well, if needed. If you’re completing this paper form, please submit at the designated area indicated by your supervisor.

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