



**NORTH CAROLINA WORK-BASED LEARNING ASSOCIATION
OUTSTANDING EMPLOYER AWARD
NOMINATION FORM**

Complete this form and attach the appropriate documentation.

Employer's Information

Name: _____

Contact Person: _____

Phone: _____ Fax: _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Nominator's Information

Name: _____

Phone: _____ Fax: _____

Email Address: _____

Position Title: _____

Organization Name: _____

Organization Address: _____

City: _____ State: _____ Zip: _____

**Send nomination (via email) to the
Awards Committee Member listed on the NCWBLA Awards Page**