**Texas Governor’s Committee on People with Disabilities**

**LEX FRIEDEN EMPLOYMENT AWARDS ENTRY FORM**

**EMPLOYER CATEGORY**

*Self-nominations are encouraged.*

Nominee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Website address (if available): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total number of employees (approximately): \_\_\_\_\_\_\_\_\_\_\_\_

[**Employer Awards**](https://gov.texas.gov/uploads/files/organization/disabilities/LFEA-Employer-Nomination.docx) **are given in four categories - Small Employer (25 or fewer employees), Medium Employer (26 to 500 employees), Large Employer (more than 500 employees), and Non-Profit Employer. Each category serves to recognize employers in Texas who have fostered a diverse and accessible workplace and who have developed innovative ways to integrate people with disabilities into the workplace.**

1. Describe the employer’s philosophy and policies pertaining to recruiting, employing, advancing, and returning Texans with disabilities to work.
2. Describe the employer’s efforts related to job applicants, employees, and customers with disabilities regarding accessibility to services (auxiliary aids, architectural enhancement, etc.). Indicate areas where legal requirements were exceeded.
3. Describe the employer’s efforts to fully integrate employees with disabilities into all levels and services of the workplace.
4. Indicate range of positions held by employees with disabilities, such as management, clerical, production, etc. Indicate approximate percentage of workers with disabilities, if known.
5. Provide examples of the employer’s reasonable accommodations for employees with disabilities and associated costs, if known.
6. Describe employer’s marketing and outreach efforts to hire Texans with disabilities.

**Nominee Information**

Name of Company or Organization:

Company Representative/Contact:

Type of Business:

Street Address:

City, State, Zip Code:

Daytime Phone:

Email Address:

Website Address:

**Nominator Information** (*if this is not a self-nomination*)

Name of Nominator:

Street Address:

City, State, Zip Code:

Daytime Phone:

Email Address:

**Local Committee Information** (*if nominated by a local committee*)

Name of the Local Committee:

Contact Name:

Daytime Phone:

Email Address:

You are encouraged to include supplementary materials for your awards entry by email or postal mail. (Examples: local media coverage, brochures, photos, letters of recommendation, etc.)

Testimonials from employees or customers with disabilities are encouraged, but please obtain written permission to use information and/or photos used in the submission. Do not disclose confidential information.

*Please be aware that all information you submit to the Office of the Governor is subject to public disclosure under the Texas Public Information Act.*

Please send this completed form and any supplemental materials by email (preferred) OR by postal mail to:

**Email:**

GCPD@gov.texas.gov

**Postal Mail:**

Lex Frieden Employment Awards Nominations

Texas Governor’s Committee on People with Disabilities

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