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

**LEX FRIEDEN EMPLOYMENT AWARDS ENTRY FORM**

**EMPLOYER CATEGORY**

*Self-nominations are encouraged.*

Nominee: Click or tap here to enter text.

Website address (if available): Click or tap here to enter text.

Total number of employees (approximately): Click or tap here to enter text.

[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, inclusive, and accessible workplace and who have developed innovative ways to integrate people with disabilities into the workplace.

To be nominated or apply:

* your business must include individuals with disabilities in an integrated workplace, and
* people with disabilities must make up at least ten percent of your Texas-based workforce.

This ten percent must be employees with disabilities who:

* work full or part time (at least 15 hours per week),
* in competitive, integrated employment,
* at or above minimum wage,
* are paid the same wage as employees without a disability, and
* where the employee with a disability works alongside employees without disabilities and interacts with other people without disabilities, like vendors and customers, just as much as employees without disabilities in similar roles interact with them.
1. Describe the employer’s philosophy and policies pertaining to recruiting, employing, advancing, and retaining Texans with disabilities to work.

Click or tap here to enter text.

1. 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 requirements were exceeded.

Click or tap here to enter text.

1. Describe the employer’s efforts to integrate employees with disabilities into all levels and benefits of employment.

Click or tap here to enter text.

1. Indicate range of positions held by employees with disabilities, such as management, clerical, production, etc. Indicate approximate percentage of workers with disabilities, if known.

Click or tap here to enter text.

1. Provide examples of the employer’s reasonable accommodations for employees with disabilities.

Click or tap here to enter text.

1. Describe employer’s marketing and outreach efforts to hire Texans with disabilities.

Click or tap here to enter text.

**Nominee Information**

Name of Company or Organization:Click or tap here to enter text.

Company Representative/Contact:Click or tap here to enter text.

Type of Business:Click or tap here to enter text.

Street Address:Click or tap here to enter text.

City, State, Zip Code:Click or tap here to enter text.

Daytime Phone:Click or tap here to enter text.

Email Address:Click or tap here to enter text.

Website Address:Click or tap here to enter text.

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

Name of Nominator: Click or tap here to enter text.

Street Address: Click or tap here to enter text.

City, State, Zip Code: Click or tap here to enter text.

Daytime Phone: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

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

Name of the Local Committee: Click or tap here to enter text.

Contact Name: Click or tap here to enter text.

Daytime Phone: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

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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