



MVP Award Entry Form

This award seeks to recognize an employee who has made an exceptional contribution through their involvement, leadership and ability to make a difference in the company. This person exceeds normal expectations, and furthers the company's mission by delivering services of superior quality to customers, partners, peers and/or stakeholders.

Examples of exceeding expectations may include: going above and beyond the call of duty in providing assistance to customers or colleagues; consistently providing exceptional, accurate and professional work; and proactively noticing needs and taking the initiative to meet those needs.

Eligibility:

All employees of current ALCC member companies are eligible to be nominated for this award. Nominators can be the nominee's co-worker, peer, supervisor, manager, etc. but must be in the industry. Past award recipients cannot be nominated.

Deadline for Submission:

All entries must be received by 5pm on December 7, 2018.

Entry Fee:

There is no fee to submit an application for consideration in this category.

Entry Procedures

1. Nominations must include this entry form in addition to a one-page, typed document that answers the questions below. Be sure to give a description of accomplishment(s) providing specific, detailed examples and data to support the nomination.
 - a. Why does the nominee deserve to receive this award?
 - b. Describe how the nominee is a role model for other employees.
 - c. Describe how the nominee's accomplishments go above and beyond normal job duties. For example, taking on additional responsibilities, making improvements in the way service is delivered, or giving personal time and resources to serve the company. **Please give specific examples.**
 - d. What impact has the nominee's accomplishment had on your company?
2. Include additional materials that support this nomination. For example, endorsements from peers or customers that share specific actions and their benefits.
3. Submit a color photo of the nominee in .jpg format.



Nominator's Information

Name Title
Company Name
Company Address
City State Zip
Email Address Phone

Nominee's Information

Name Title
Email Address Phone
Supervisor's Name (if applicable)
How long has this person been employed at the company?

Signature of Release

I verify that all information contained in this form is accurate. I understand all photographs submitted become the property of ALCC and I have the proper permission for them to be used for promotional purposes. I release entry material to ALCC for media use and other purposes ALCC deems appropriate.

Signature Date
By typing your name above you agree to everything stated in the signature release.