

DATE: August 28, 2003
TO: Federal Executive Board Members
FROM: Linda Kurz, Chair
Greater St. Louis Federal Executive Board
RE: 2003 Disability Awareness Awards Process

The Greater St. Louis Federal Executive Board Disability Awareness Program Council requests your consideration of the 2003 Disability Recognition Awards. This program acknowledges individual employees and Federal agencies that have furthered the goals of the Council's mission. The award categories are: Employee With A Disability, Supervisor, and Agency.

The nomination forms, award guidelines, and award descriptions are included in this package which is the sole copy mailed to your organization. Please ensure that copies are distributed to all managers and human resources staff. To facilitate a wider distribution, the award package will be posted on the Federal Executive Board's web site: www.stlouis.feb.gov within the next week or so.

Nominations must be postmarked by October 10, 2003. For more information, please contact Shirl Smith at (314) 894-6620 or Lattissua D. Tyler (314) 331-8095.

The awards will be presented on Thursday, October 23, 2003 at the Disability Awareness Seminar. The Seminar is half day in length and will be held at Orlando's. An agenda and registration material will follow in a separate mailing.

Thanks for your cooperation and participation in the Disability Awareness Program.

Enclosures (4)

**GREATER ST. LOUIS FEDERAL EXECUTIVE BOARD
DISABILITY AWARENESS PROGRAM COUNCIL**

AWARDS PROGRAM

AWARD CATEGORIES

Employee With A Disability -- presented to an individual with a disability who has inspired others by his/her outstanding job performance.

Supervisory -- recognizes the supervisor for observed, measurable performance in meeting his/her responsibilities in development/implementation of employment of individuals with disabilities.

Federal Agency Award -- presented to a federal agency for outstanding efforts to promote and enhance the employment of individuals with disabilities. Efforts to eliminate traditional employment barriers for employees with disabilities are significant.

Agency demographics will be used to give an overall view of the agency's position. The demographics should be submitted to include number of employees and the number of employees with disabilities as defined by Public Law. Additionally, the number of developmental opportunities or other career progression positions at the agency, by series, with the number of employees with disabilities selected for these positions are required.

GUIDELINES

Evaluation Period: **October 1, 2002 –September 31, 2003.**

Closing date: **postmarked October 10, 2003**

Nomination must be typed.

Submit original and two copies of the nomination form, along with a suggested award citation.

Use bullet format in areas that require further explanation.

Mail to: Greater St. Louis Federal Executive Board Disability Awareness Program Council
P. O. Box 844
H.W. Wheeler Station
St. Louis, MO 63188-0844

Do not list the nominee's academic or employment background unless it is relevant to the award category.

The nomination is invalid if: requested dates are not shown, inaccurate or incomplete information is included, and/or it is postmarked after the closing date.

Agencies or individuals submitting nominations are advised to follow agency policy with regard to obtaining necessary nomination concurrence. The Disability Council requires that all nominations will, at the minimum, have the advance approval of the nominee's immediate supervisor as verified by the supervisor's signature on the nomination form.

AGENCY AWARD

This award recognizes a Federal Agency, which has demonstrated significant initiatives and accomplishments in support of the employment of persons with disabilities. This includes recognition for outstanding efforts to promote and enhance employment of as well as efforts to eliminate traditional barriers for employees with disabilities.

AGENCY INFORMATION

Name of Agency:		
Agency Size:	<input type="checkbox"/> Less than 500 - Enter Agency Size: _____	<input type="checkbox"/> More than 500 - Enter Agency Size: _____
Agency Address:		
City:	State:	Zip:
NOTE: All agencies are encouraged to submit nominations regardless of agency size. Credit is awarded based on percentages, not actual figures.		
Head of Agency:		Agency Contact Point:
Telephone Number:		Date:
Agency Head Signature:		

AGENCY CHARACTERISTICS

Employment Plan Progress

Provide a narrative of employment plan (s) and/or accomplishment report (s), which identify significant achievement of employment plan goals:

Number of employees promoted during evaluation period. (grade and series)

Number of employees with disabilities promoted (grade and series)

Number of employees with disabilities promoted above second level of supervision (grade and series)

SUPERVISORY AWARD

This award recognizes the Supervisor for observed, measurable performance in meeting his/her responsibilities in development and implementation of assistance to employees with disabilities.

NOMINEE INFORMATION

NOMINEE		
Name:	Telephone Number:	Email:
Position/Title:	Series/Grade:	
Agency Name:		
Agency Address:		
City:	State:	Zip:
SUPERVISOR		
Name:	Title:	Telephone Number:
Signature:		Date:

GENERAL INFORMATION

Employees Supervised

Number, Title, Series, Grade Of Employees Supervised

List and explain actions supported and/or programs developed like cross training, upward mobility position, and development or implementation of individual development plan. Initiatives to increase job competitiveness and career development for employees with disabilities. Please provide the following information for each (use additional paper if needed.)

- ◆ Program Actions
- ◆ Dates Initiated
- ◆ Identify Results Of Actions And Noteworthy Accomplishments

JOB RELATED RECOGNITION

List any type of formal recognition that the candidate was awarded in his/her efforts to further the mission of the St. Louis Metropolitan Council For Employment Of Individuals With Disabilities. **List type of award and date received.**

OUTSIDE ACTIVITIES THAT CONTRIBUTE TO THE COUNCIL'S MISSION

List and explain actions such as: (use additional paper if needed)

- ◆ Involvement In Private Organizations
- ◆ Offices Held
- ◆ Committees Chaired
- ◆ Other Significant Responsibilities/Contributions
- ◆ Name/Phone Number Of Organization Official Who Can Be Contacted For Additional Information

ADDITIONAL INFORMATION

EMPLOYEE WITH A DISABILITY AWARD

This award recognizes an employee with a disability who has inspired others by his/her outstanding job performance.

NOMINEE INFORMATION

NOMINEE		
Name:	Telephone Number:	Email:
Position/Title:	Series/Grade:	
Agency Name:		
Agency Address:		
City:	State:	Zip:
SUPERVISOR		
Name:	Title:	Telephone Number:
Signature:		Date:

GENERAL INFORMATION

Describe the individual's job responsibilities and work performed and why it is considered to be outstanding. Provide examples of initiatives demonstrated which served as an inspiration to others.

List any community service and recognition.

List any agency recognition.

ADDITIONAL INFORMATION