

**WI-SHRM Workplace Diversity, Inclusion and Workflex Advocate**

**Wisconsin State Council - Society for Human Resource Management**

**CRITERIA AND PROCESS**

**What is the Workplace Diversity, Inclusion and Workflex Advocate Award and why is it offered?**

To recognize organizations that foster an inclusive work environment in which all employees are inspired to contribute their best through their different perspectives, backgrounds and experiences. To award an organization who has been a role model in their local community as a strong advocate for diversity, inclusion and workplace flexibility. To promote and share best practices to increase the level of diverse, inclusive and flexible workplaces. This award will be based on organizational achievements. The Workplace Diversity, Inclusion and Workflex Advocate Award is presented at our **WI State SHRM Conference** held **October 5 - 7 in Wisconsin Dells, WI**.

**Who is eligible?**

Organization/company nominated for this award should:

* Have displayed diversity in their local community.
* Be a role model for others in their advocacy of diversity and inclusion.
* Have demonstrated leadership in championing the cause of racial, cultural, ethnic, linguistic, and other dimensions of diversity within the human resources profession and community.
* Be a pioneer in implementing innovative programs to increase flexibility in the workplace.
* Be an organization, company or division of an organization/company that is based in the State of Wisconsin.

**Who can nominate?**

• Nominations may be submitted by a member of the Wisconsin State Council of SHRM (e.g., SHRM Chapter Presidents, Functional Directors, Regional Directors, or Officers).

• Nominations may also be submitted by a Chapter Diversity Advocate/Chair from a Wisconsin SHRM Chapter. (Local Chapter Members and Chapter Board Members may prepare nominations for submission by their SHRM Chapter President or Chapter Diversity Advocate/Chair.)

• An organization can self-nominate by submitting the application to the board of their local chapter or directly to Choua Yang – Director of Diversity, Inclusion and Workflex, WI SHRM.

**NOTE:** If you are nominating an organization other than your own, please work directly with the organization to fill out the nomination form. We want to ensure that the organization has had the opportunity to add initiatives, etc. to the application.

**What is the nomination process?**

• Complete the attached nomination form and submit by the deadline.

**When are nominations due?**

• A completed nomination form must be received by **July 22, 2016**, for consideration.

**How are recipients selected?**

* Nominations will be reviewed by a Diversity Awards Committee of the Wisconsin State Council of SHRM and will based on an organization’s achievements.

**Completed nominations should be sent electronically or in hardcopy to:**

Choua Yang, PHR

Director of Diversity, Inclusion and Workflex, Wisconsin State SHRM

c/o PAi

PO Box 60

De Pere, WI 54115

[cvyang@pai.com](mailto:cvyang@pai.com)



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**NOMINATION FORM**

**NOMINEE:**

**Company/Organization Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Company Website:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Number of Employees:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Person at Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Job / Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Work Telephone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOMINATOR:**

**Name of Nominator:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Company:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-mail Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Work Telephone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOMINATION STATEMENT:**

Please complete all of the questions in a descriptive format to be considered for nomination. **Please add additional pages as needed:**

• How does the organization embrace, celebrate and include diversity and inclusion in its workforce?

• How has the organization served as a role model for others in their advocacy of diversity, inclusion and a flexible workplace?

• Describe the innovative diversity, inclusion and workflex initiatives implemented by this organization.

• How has the organization shown their awareness and commitment toward diversity, inclusion and workflex?

• How has the organization’s management practices and behaviors supported diversity, inclusion workflex?

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