



Compassionate Employer Recognition (CER)
2008-2009 NOMINATION FORM

As a support organization for families that have experienced the death of a child, we in The Compassionate Friends have heard many stories about the treatment of newly bereaved parents, siblings, and grandparents by their employers (companies, agencies, institutions and other organizations). Some of these stories have made us realize how much progress is still needed in this area. Others, however, have been heart-warming. The Compassionate Friends is eager to recognize as **Compassionate Employers** the wonderful companies and organizations that have shown by their policies and practices a high degree of compassion toward their employees following the death of a child, sibling, or grandchild.

Please read the NOMINATING CRITERIA and INSTRUCTIONS included BEFORE completing this form.

1. INFORMATION ABOUT THE COMPANY OR ORGANIZATION YOU ARE NOMINATING:

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Approximately how many people are employed here? _____

Who should be notified if the company you nominate is selected for Compassionate Employer Recognition?
(someone other than you):

Mr. ___ Ms. ___ Mrs. ___ Miss ___ Other _____

(First Name) (Last Name)

Contact Person's position or job title: _____

Contact Person's phone number: (_____) _____ - _____ Ext. _____
Area Code

2. INFORMATION ABOUT YOU:

Mr. ___ Ms. ___ Mrs. ___ Miss ___ Other _____

(First Name) (Last Name)

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Daytime Phone: (_____) _____ - _____ Ext: _____ Evening Phone: (_____) _____ - _____

How did you first learn of the Compassionate Employer Recognition Program? _____

Are you affiliated with a local chapter of The Compassionate Friends? Yes No (affiliation is not a requirement)

If "Yes," name of chapter: _____

3. YOUR PERSONAL STORY: (See INSTRUCTIONS on reverse side of this form.)

As a part of its ongoing efforts to publicly encourage compassionate policies and practices in the workplace following the death of a child, sibling or grandchild, The Compassionate Friends may publish or release to the media any or all information provided in this Compassionate Employer nomination including your contact information. Please check here ___ if you do not grant this permission.

Your Signature: _____ Date: _____

Nominating Criteria for Compassionate Employer Recognition

1. Nominations will only be accepted from current and past employees of the organization who experienced the death of a child, sibling, or grandchild while employed there. Nominations by others will not be accepted.
2. The employee submitting the nomination must live within the U.S. or its territories, and the company (or division) being nominated must also be located in the U.S. or its territories.
3. Organizations with the specific purpose of helping the bereaved are not eligible for nomination.

Examples of company policies and practices that would qualify an employer for recognition include, but are not limited to:

- Allowing additional time off without loss of benefits.
- Providing flexible work schedules and assignments.
- Allowing leeway in job performance standards.
- Facilitating or organizing the support of co-workers.
- Providing professional grief counseling, human resources support, or information regarding self-help bereavement support organizations.
- Other policies and practices that go beyond what is normal in your community.

INSTRUCTIONS: Using a separate sheet of paper, please submit YOUR PERSONAL STORY in 400 words or less, telling how your company met the requirements for Compassionate Employer Recognition. Please include the name(s), age(s), date(s) and cause(s) of death of your child(ren), sibling(s), or grandchild(ren) who died. Be sure that your name is on the paper. Be specific in describing your company's policies and practices that are outstanding in their support of employees who have had a child, sibling, or grandchild die (see "Nominating Criteria for Compassionate Employer Recognition" above). Keep in mind that you are nominating a *company or organization*, not a person or your coworkers.

To submit nomination by mail:

Attach YOUR STORY to your completed NOMINATION FORM (see other side), and mail them to:

CER
The Compassionate Friends
PO Box 3696
Oak Brook IL 60522

Mailed nominations must be postmarked not later than November 30, 2008, which is also the deadline for transmission by fax or Internet.

To submit nomination by fax:

Fax YOUR STORY and the completed NOMINATION FORM (see other side) not later November 30, 2008 to (630) 990-0246. Cover page is optional; be sure your name is on both sheets.

To submit nomination via Internet: www.compassionatefriends.org, then "Compassionate Employer Recognition"

Compassionate Employer Recognition recipients will be announced March 2, 2009.

The Compassionate Friends
PO Box 3696
Oak Brook IL 60522
www.compassionatefriends.org Toll Free (877) 969-0010 Fax (630) 990-0246