Employer Endorsement Form

**ASSP Safety Professional of the Year Award**

**This form is to be filled out by the nominee’s immediate supervisor. Consultants may complete this form for themselves.**

## **Nominee**

**Name:** Click or tap here to enter text.

**Title:**  Click or tap here to enter text.

## **Company/Organization**

**Name:** Click or tap here to enter text.

**Industry:** Click or tap here to enter text.

**Size (including subsidiaries and separate facilities):** Click or tap here to enter text.

**Title of nominee’s department:** Click or tap here to enter text.

**Number of employees in department:** Click or tap here to enter text.

## **Supervisor/Employer**

**Name:** Click or tap here to enter text.

**Title:** Click or tap here to enter text.

**Phone**Click or tap here to enter text.

**Email:** Click or tap here to enter text.

**Reporting relationship with nominee:** Click or tap here to enter text.

***I have reviewed the employment-related part of the nominee's petition for this award and find it to be an accurate reflection of the candidate's job-related achievements:***

**Supervisor/Employer Signature:**

*Use your mouse to navigate to the signature box then double click below to sign.*



## **Further Instructions for Supervisor/Employer**

* Please attach a current description of the nominee's position from the employer/organization, plus an organization chart depicting the safety function of the nominee's position.
* On no more than two (2) pages of your organization's letterhead, please concisely and specifically describe the scope and quality of the nominee's job-related duties and achievements, plus any other safety-related activities of which you have personal knowledge.