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 here to enter text.**

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

## **Company/Organization**

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

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

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

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

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

## **Supervisor/Employer**

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

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

**Phone: Click here to enter text.**

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

**Reporting relationship with nominee: Click 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:**

## \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **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.**