



New York State Coalition for Children's Mental Health Service

Annual Staff Development Training Forum

## 2013 Employee of the Year Award



THE COALITION IS ENCOURAGING MEMBERS TO SUBMIT NOMINATIONS FOR THE

### 2013 EMPLOYEE OF YEAR AWARD

**AWARDS TO BE GIVEN DURING KEYNOTE LUNCHEON**

**DECEMBER 3, 2013**

**THE SARATOGA HILTON, SARATOGA SPRINGS, NY**

THIS PRESTIGIOUS AWARD RECOGNIZES THE HARD WORK AND DEDICATION OF YOUR EMPLOYEES. WHAT BETTER WAY TO LET THEM KNOW YOUR APPRECIATION BY HONORING THEM AT THIS STATEWIDE EVENT. EACH AWARD WINNER WILL BE LISTED IN THE OFFICIAL PROGRAM WITH A BRIEF DESCRIPTION OF THEIR ACCOMPLISHMENTS.

AGAIN THIS YEAR YOUR AGENCY CAN ADVERTISE IN THE OFFICIAL PROGRAM! ADVERTISING IN THE PROGRAM IS AN IDEAL COST-EFFECTIVE WAY TO CONGRATULATE AWARD WINNERS FOR THEIR OUTSTANDING CONTRIBUTIONS TO YOUR AGENCY AND THE CHILDREN'S MENTAL HEALTH INDUSTRY. PLEASE SEE THE COALITION'S ADVERTISING PROSPECTUS FOR ADVERTISING OPPORTUNITIES AND RATES.

PLEASE COMPLETE THE ATTACHED FORM AND INCLUDE A BRIEF SUMMARY AS TO WHY YOU ARE NOMINATING THIS CANDIDATE.

**THIS SUMMARY WILL BE INCLUDED IN THE FINAL PROGRAM AND  
MAY BE EDITED DUE TO SPACE.**

**Every member agency program is offered a nomination. Only one nomination per dues paying program is permitted.**

**This form must be received by November 18, 2013**

#### **DIRECTIONS:**

1. PLEASE TYPE ON THE ATTACHED FORM
2. SAVE THE FILE AS (NAME OF AGENCY) 2013 AWARD AND EMAIL
3. PLEASE EMAIL SUBMISSIONS: TO [afcurro@nycap.rr.com](mailto:afcurro@nycap.rr.com)

THANK YOU IN ADVANCE!

The New York State Coalition for Children's Mental Health Services  
PO Box 7124, Albany NY 12224  
EMAIL: [afcurro@nycap.rr.com](mailto:afcurro@nycap.rr.com)

# The New York State Coalition for Children's Mental Health Services

## 2013 Employee of the Year Award

Please complete this form, save the file as (Name of Agency) 2013 Award and email back to [afcurro@nycap.rr.com](mailto:afcurro@nycap.rr.com)  
by November 18, 2013

Name of Nominee: \_\_\_\_\_

Title/Position of Nominee: \_\_\_\_\_

Years of Employment: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Person Submitting Nomination: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*Summary to be included in Awards Journal:*



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