



The Northeast Pennsylvania Manufacturers and Employers Association is now accepting nominations for the:  
**2019 HR Professional of the Year Award.**

Nominees will be evaluated on individual commitment to the HR profession, success in past and current positions, impact on others, community contributions and overall organizational success.

The 2019 HR Professional of the Year Award will be presented at The Annual Installation of Officers Luncheon that is scheduled for March 10, 2020.

**Eligibility:** Any individual with human resources management responsibility within an Association member organization.

**Criteria:** Any one or more of the following will qualify an individual for nomination:

- Notable contributions to the field of human resources as a career profession.
- Overall career excellence in human resources.
- Distinguished leadership in his/her organization.
- Design and/or implementation of significant programs or activities for his/her organization.

Complete the attached nomination form

Forms may be faxed to 570-622-2776

Forms can be emailed to [crobbins@nepamaea.com](mailto:crobbins@nepamaea.com)

Forms may be mailed to: The Northeast Pennsylvania Manufacturers and Employers Association  
HR Professional of the Year Award  
PO Box 541  
Pottsville, PA 17901

For further information contact: Chris Robbins at 570-622-0992 or at [crobbins@nepamaea.com](mailto:crobbins@nepamaea.com)

**Nominations must be received no later than January 31, 2020.**

The Northeast Pennsylvania Manufacturers and Employers Association 2019 HR Professional of  
the Year Award  
Nomination Form

(PLEASE PRINT)

**Nominee**

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

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

Organization: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

Employee Count: \_\_\_\_\_

**Nomination Statement:** I believe the nominee should be the HR Professional of the Year  
because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Attach additional sheets and/or documentation as necessary)

**Nominator**

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

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

Organization: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

