

## **EMPLOYER RECOGNITION NOMINATION**



The Rehabilitation Committee of ESRD Network 4 would like to recognize employers who have hired people with Chronic Kidney Disease. In order to do this, we would like to give you the opportunity to submit the name of the individual where you work who you feel has been supportive in your efforts to work.

To submit a nomination, please complete and return this form to either your social worker or directly to the Network office. **Please print all information legibly.**

Your Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone Number (Including Area Code) \_\_\_\_\_

Name of Dialysis Center \_\_\_\_\_

Length of time on dialysis (Months/Years) \_\_\_\_\_

Your occupation \_\_\_\_\_

Time employed at current job (Months/Years) \_\_\_\_\_

Your Employer/Organization \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone Number (Including Area Code) \_\_\_\_\_

Person you would like to nominate \_\_\_\_\_

Title \_\_\_\_\_

Name of Nominee's Supervisor \_\_\_\_\_

Title \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Reason for nomination (Use additional paper if necessary): \_\_\_\_\_

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

**AUTHORIZATION TO SHARE  
YOUR INFORMATION:**

Do you authorize Network 4 to share information about your nomination with Medicare, Renal Community Partners and the other Networks?

YES                       NO

**AUTHORIZATION FOR POSSIBLE  
PRESS RELEASE:**

As an ESRD patient, do you authorize Network 4 to include your name in a possible press release about the Employer Recognition Award Program?

YES                       NO

In order to share information about the Network 4 Employer Recognition Award Program with Medicare, other renal-related organizations and politicians, we need to have your authorization to release the information. Your signature is required one time to verify your authorizations.

**Signature** \_\_\_\_\_

The nominations can be mailed or faxed to:

Dean Morris, Patient Services Coordinator  
ESRD Network 4, Inc.  
40 24th Street, Suite 410  
Pittsburgh, PA 15222

Fax: 412/325-1811