



**Labor and Employment Law Section Hall of Fame**



**Nomination Form**

*Eligibility Guidelines for Nominating a Candidate:* Hall of Fame recognition is a posthumous honor, granted only after death. Ordinarily, individuals nominated will have had significant involvement in both the Section and the active practice of labor and employment law in Florida for a substantial portion of his or her career. An individual who had a clear affinity with or connection to the Section but who was not a member may be considered if, on the whole, the individual is otherwise recognized as having had a profound and positive impact on the profession and the field of labor and employment law. **Send form to: Angela Froelich, Section Administrator, The Florida Bar, 651 East Jefferson St., Tallahassee, FL 32399-2300.**

**About the Nominee (please print)**

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

Year Nominee Passed Away: \_\_\_\_\_

Was nominee an attorney?  Yes  No Was nominee a Section member?  Yes  No

Last Known Employment Affiliation Before Death (i.e., firm name, employer, etc.): \_\_\_\_\_

Other Honors, Awards, or Affiliations: \_\_\_\_\_

**Criteria for Admission**

To be selected for the Hall of Fame, a candidate must meet the following criteria:

- The candidate must have excelled in the field of labor and employment law and/or must have had a profound positive influence on the field during his or her professional career.
- The candidate's professional success and significant contributions must be recognized by his or her peers as having reached and remained at the pinnacle of his or her field.
- Evidence that the articulated criteria have been met may come from detailed information about the candidate's credentials, achievements, the impact and implications of those accomplishments, public awards and honors, leadership roles within the Section, published articles, speaking engagements, and reported litigation.

***A description of the manner in which the nominee met the criteria for inclusion (i.e., why the nominee should be honored) must be attached to this application.***

**About the Nominator (please print) NOTE: Nominator must be Section member**

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

Institution/Affiliation: \_\_\_\_\_

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

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

Your Relationship to Nominee: \_\_\_\_\_