

**RECOVERY & RETURN AWARD (R&R)  
NOMINATION FORM**

The R&R award is presented annually by the MWCEA to an injured worker in Mississippi that has demonstrated exceptional motivation to obtain physical recovery and return to the productive workforce.

NAME OF NOMINEE: (WORKER): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME OF EMPLOYER AT TIME OF INJURY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

TOTAL NUMBER OF EMPLOYEES: \_\_\_\_\_

NAME OF INDIVIDUAL SUBMITTING NOMINATION (IF DIFFERENT THAN EMPLOYER): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

1. Date of Injury:
2. Nature of Injury:
3. MMI date:
4. Return to work date:
5. Has the injured employee returned to work with restrictions or full duty?
6. Describe the worker's involvement and motivation level during the medical treatment for the injury:
7. Describe the worker's observed level of desire to return to work and willingness to work in all medically approved capacities:
8. Describe the level of communication between the worker and the employer during the recovery process:
9. Please summarize why you believe the injured worker you are nominating deserves the R&R award:

Please note that the nominated injured worker and the employer may be contacted by the judges for additional information and the winning worker/employer will be contacted for details of the recovery process to be presented at the MWCEA conference in April.

APPLICATION DEADLINE: January 15

Applications should be completed online but may be mailed to MWCEA, c/o Angela Malone, Post Office Box 2973, Madison, MS 39130-2973.