



Illinois Psychological Association

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www.illinoispsychology.org

**RE: The IPA Psychologically Healthy Workplace Award
Deadline for Application: May 1, 2006**

Dear Sir or Madame:

The Illinois Psychological Association (IPA) is presenting its fifth annual award to businesses or organizations that have developed an approach contributing to the psychological health and well-being of its workforce. The approach may be a program, practice or procedure regarding the following:

- Employee Involvement
- Family Support
- Employee Growth and Development
- Health and Safety
- Work/Life Balance

Why apply? Among the many possible benefits to your company in receiving the psychologically Healthy Workplace Award are:

- Increased Recruitment Power
- Maximized Employee Retention Potential
- Enhanced Company Image with Industry Peers

In addition, there is no entry fee. Enclosed is a brochure explaining the IPA Psychologically Healthy Workplace Award program, and a Nomination Form with a list of the Criteria for Evaluation on the reverse side of Nomination Form. IPA will present the *Psychologically Healthy Workplace Award* at its annual Fall Conference Awards Luncheon at noon in October of 2006 (exact date yet to be determined) to recognize employee-friendly companies. A member of the Psychologically Healthy Workplace Committee will contact you once your application has been received.

Sincerely,

Steven E. Rothke, Ph.D. & Alan Graham, Ph.D.
Co-Chairs, IPA Psychologically Healthy Workplace Awards Program

THE PSYCHOLOGICALLY HEALTHY WORKPLACE AWARD

CRITERIA FOR EVALUATION

EMPLOYEE INVOLVEMENT

1. Opportunities for employees to express their opinions and give feedback regarding the work environment and tasks.
2. Opportunities for employees to participate in decision-making and problem-solving.
3. Opportunities for employees to participate in conflict management.

FAMILY SUPPORT

1. Opportunities for child care assistance such as access to information, on-site facilities, payment for child care or Dependent Care Assistance Plans.
2. Opportunities for elder care assistance such as resource and referral services, financial support for elder care.
3. Opportunities for flexible work arrangements such as variable starting and stopping times, work-at-home.
4. Opportunities for leave that are beyond the Family and Medical Leave Act such as caring for ill children.
5. Opportunities for family problem resolution.

EMPLOYEE GROWTH AND DEVELOPMENT

1. Opportunities for further training leading to career advancement such as tuition reimbursement.
2. Opportunities for further training leading to job enhancement such as workshops and seminars.
3. Opportunities for career counseling and management such as executive coaching.
4. Efforts to develop supportive supervisors with responsiveness to work/family needs, diversity, performance appraisals, recognizing substance abuse, etc.

HEALTH AND SAFETY

1. Efforts to address life problems that affect job performance such as providing grief counseling, substance abuse recovery support, recognition of domestic violence.

NOMINATION FORM
THE PSYCHOLOGICALLY HEALTHY WORKPLACE AWARD
APPLICATION DEADLINE: MAY 1, 2006

Company Name: _____

Address: _____

Phone: (_____) _____

Name and title of person making nomination: _____

Phone: (_____) _____ Fax: (_____) _____ Email: _____

Best time to reach you: _____

Title of program, policy or approach: _____

Length of time in effect: _____

Name(s) of department(s): _____

Please refer to the Criteria for Evaluation on the reverse side of this form. Please add additional pages where necessary.

Describe the program, policy or approach you wish to nominate. (Please include any supporting information, such as employee brochures or newsletters that describe or illustrate your program, policy or approach.)

How does this program, policy or approach contribute to the psychological well-being of employees?

Has your company collected any data on the benefits of this program, policy or approach (e.g., reduction in employee turnover, improvement in health outcomes, reduction of stress or conflict in the workplace, etc.)?

Will this program, policy or approach be continued next year? Are any changes being considered? Please elaborate.

Name and number of contact person if further information is required (if different from person listed above)

Please submit this form to
Illinois Psychological Association
Psychologically Healthy Workplace Award
203 N. Wabash, Suite 1404
Chicago, IL 60601-2413.
Fax: (312) 372-6787

If you have any questions about this application, please contact us at (312) 372-7610. Thank you for participating.