

Important instructions for filling out the Employer Questionnaire

Please fill out the questionnaire as completely as possible. Your answers will be used to rank your organization and determine the "Best" list. If your organization makes the list, all or a portion of the information you submit may be shared in the publication and/or website announcing the list, as well as in "spotlighting" each organization, should there be an awards event.

1. All questions apply to operations in the program area, unless otherwise noted. (*"Program Area" refers to the city, state or region for this "Best" workplace competition.*)
2. All questions apply to operations within your organization's most recently completed fiscal year, unless otherwise noted.
3. Please use the "Back" and "Next" buttons to navigate the questionnaire. Your responses will be stored each time you click "Back" or "Next". Using the browser's back and forward buttons will not save your responses.
4. For questions requiring a numeric response:
 - Please respond using whole numbers only, rounding to the nearest whole number if necessary. If a question does not apply to you or if the requested information is not available, please leave the question blank.
 - If a question relates to an employee benefit and your organization provides different benefits for different classes of employees, please provide the average value across all employees. (For example, if the question asks "How many vacation days do you provide for an employee who has been with the organization for at least one year?" and you offer 15 per year to professional staff and 20 to executives, you would enter 18, which is the rounded average of 15+20.)
5. If you need further clarification of any question, place your cursor over the "?" icon near the individual question and a definition will appear.
6. You will be able to access the Employer Questionnaire as often as necessary prior to the submission deadline. Even if you submitted the questionnaire, you will still be able to log back in and make any changes necessary until the deadline.
7. Once the submission deadline has passed, your most recent responses will be used during the ranking analysis process. Incomplete questionnaires will not be considered.
8. In order for your responses to save properly, only one person may access the questionnaire at any given time. If more than one person needs to complete this questionnaire, we recommend that you collect the data from the appropriate departments and then have one person input all of the data.
9. At the end of the questionnaire, you will have an option to print out your responses and/or email a copy to yourself for your records. To print, you must navigate to the end of the questionnaire, click "Submit" and then click "Send to Printer" located just below the program logo.
10. If you need to review these instructions regarding the Employer Questionnaire, simply click the "Instructions" button on any page.

Organization and Contact Information

1: Organization name (as you would like it to appear on reports and in print if you make the list):

Organization Name _____

2: Industry:

- Accounting
- Advertising/PR/Marketing
- Architecture
- Banking
- Construction
- Consulting
- Defense
- Distribution
- Education
- Engineering
- Financial Services – Other
- Government
- Healthcare – Insurance/Services
- Healthcare – Provider
- Hospitality/Travel/Tourism
- Insurance (non-healthcare)
- Legal
- Life Science/Biotechnology
- Manufacturing
- Nonprofit – Health & Human Services
- Nonprofit - Other
- Publishing/Printing
- Real Estate
- Restaurant
- Retail
- Services – Other
- Staffing
- Technology
- Telecommunications
- Transportation
- Other – Please list

2a: Other, please list: _____ (Please tell us your industry if not in the list above.)

Please choose the industry that best describes your organization. If none apply, please select 'Other.'

3: Please provide the information for the highest ranking official/CEO of your entire organization.

Name (Including any suffix, e.g. Jr. or Dr.) _____
Title _____
City, State _____
Email address _____

Please provide the information for the highest ranking official/CEO in your organization. If your organization does not have a CEO, please provide information for the senior-most position within the organization (e.g., President, Senior Partner, etc.). The email address will only be used to contact this individual to arrange a possible interview for publication purposes and will not be shared publicly.

3a: How many years has the highest ranking official/CEO been in this position within your organization?

(Please enter a whole number. If less than one year, please put 1. Do not enter year of start date.)

_____ Year(s)

3b: Please provide the information for the highest ranking official/CEO in the program area of your nominated workplace.

Name (Including any suffix, e.g. Jr. or Dr.) _____
Title _____
City, State _____
Email address _____

Please provide the information for the highest ranking individual in the program area. The email address will only be used to contact this individual to arrange a possible interview for publication purposes and will not be shared publicly.

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3c: If your organization should make the list, our publishing partners will be looking for contact information in the *program area* to publish. If you are able, please provide the following information for a local contact:

Local Contact Information

Name _____
Title _____
Address _____
City _____
State _____
Zip _____
Email address _____
Phone number _____

A local contact is defined as an employee of your organization who works in and has an organization mailing address within the program area.

4: What is the current number of permanent full- and part-time millennial employees working for your organization in the *program area*?

_____ Total millennial employees in the *program area*

Millennials are defined as employees with a birth year between 1981 and 1997 (including both 1981 and 1997). This number should include full- and part-time permanent Millennials only. Do not include temporary, seasonal or per-diem employees, nor consultants and independent contractors.

5: What percentage of your employees are female?

_____ Percent

To calculate this percentage, divide the number of female employees by the total number of employees and multiply by 100.

6: What percentage of your employees are male?

_____ Percent

To calculate this percentage, divide the number of male employees by the total number of employees and multiply by 100.

7: What was your organization's percentage of voluntary turnover in the most recently completed fiscal year?

_____ Percent

Voluntary turnover refers to instances where management agrees that the employee had the option to continue employment with the organization at the time of separation (i.e., the employee chose to leave rather than was asked to leave the organization). Include anyone who was on the payroll, both full- and part-time. Do not include layoffs, discharges and retirees. To calculate this percentage, divide the number of voluntary separations by the total number of employees and multiply this result by 100. If there was no turnover, please respond 0.

8: What was the 2016 average percentage of voluntary turnover within your organization's industry? If you do not know this figure, please click here for more information.

(*"Click here"* will link to the Department of Labor's rates of annual turnover by industry on the actual EQ)

_____ Percent

Information Not Available

To access the industry turnover chart use the "click here" function in the question.

Hiring and Employment Practices

9: Does your organization employ any programs and/or practices to actively recruit and/or retain employees of varying ethnic and cultural backgrounds?

- Yes
- No

Examples may include partnering with and recruiting from local ethnic, cultural and religious organizations; recognizing holidays within your multi-cultural workforce; planning multi-cultural awareness activities; providing diversity training; etc.

10: Does your organization employ any programs and/or practices to actively recruit and/or retain members of the disabled community?

- Yes
- No

Examples may include partnering with and recruiting from local vocational rehabilitation organizations, ensuring the workplace provides accommodations for disabled individuals, providing diversity training, etc.

11: Does your organization employ any programs and/or practices to actively recruit and/or retain an aging workforce?

- Yes
- No

Examples may include partnering with and recruiting from local senior's organizations, offering semi-retirement options to tenured employees, providing diversity training, etc.

12: What pre-employment screening tools does your organization utilize in the hiring process? (*Select all that apply.*)

- Personality or behavioral assessments
- Criminal background checks
- Credit checks
- Drug testing
- Professional references
- Personal references
- Skills assessment
- My organization does not use any pre-employment screening tools.
- Other, please describe _____

13. Does your organization offer formal diversity training?

- Yes
- No

Formal diversity training refers to seminars, exercises or workshops directed at increasing awareness, tolerance, appreciation, inclusion and respect of diverse individuals within a larger population. Diversity may include, but is not limited to, age, race, gender, culture, religion, ethnicity, sexual orientation, gender expression, disability, nationality, language and socio-economic status.

14: Does your organization provide any formalized resources or support to employees who feel they have been treated unfairly?

- Yes
- No

Refers to a formal process, other than approaching an immediate supervisor, for an employee to express fairness concerns. Examples include non-biased, third-party conflict resolution or mediation, formal grievance procedures, etc.

Pay and Benefits

15: Does your organization offer the option to enroll in health benefits to:

- Full-time employees only
- Full-time and part-time employees
- My organization does not offer employee health benefits

Please consider whatever definition of "full-time" and "part-time" employment that your organization recognizes when answering this question.

16: When is a new employee eligible to enroll in your organization's healthcare plan?

- First day of hire
- First day of the next month after hire
- 30 days after hire
- 60 days after hire
- 90 days after hire
- More than 90 days after hire
- Other, please describe _____

17: For each of the following benefits, indicate what percentage of the premium (cost of the benefit) is paid for by your organization. "Employee" refers to full-time employees only. If your organization offers more than one plan for any benefit, please select the response which describes your most basic plan. If your organization does not offer a benefit, please select "not offered." Mouse over the name of the coverage for more information.

	Employer pays 100% of premium	Employer pays 75% - 99% of premium	Employer pays 50% - 74% of premium	Employer pays 25% - 49% of premium	Employer pays less than 25% of premium	Not Offered
Medical coverage (employee)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical coverage (dependents)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental coverage (employee)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental coverage (dependents)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision coverage (employee)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision coverage (dependents)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-term care insurance (employee)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-term care insurance (dependents)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life insurance (employee)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life insurance (dependents)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short-term disability benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-term disability benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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17a: If necessary, please use this space to briefly describe any unique aspects of your organization's healthcare benefits (health, dental, vision, long-term care, disability, supplemental health insurance, pet insurance, etc.) (750 character limit): _____

18: Does your organization offer Flexible Spending Accounts (FSA)?

- Yes
- No

A Flexible Spending Account (FSA) is a tax-advantaged savings account set up by an employer to allow employees tax-free savings for qualified medical or dependent care expenses.

19: What is the number of paid holidays your organization offers per year?

_____ Paid Holidays

If the number varies from year to year, please provide the number offered in the latest fiscal year (including floating holidays). If holidays are included in a PTO (paid time off) bank, enter the number the employer allotted in defining the total PTO bank accrual.

20: Does your organization provide time off as PTO (one bank of time) or as vacation/sick/personal days (separate banks)?

- PTO → Answer 20a or 20b
- Vacation/Sick/ Personal → Skip to 20c

In the traditional model, an employer offers separate banks of time for vacation, sick, and personal days, and employees may accrue hours at a different rate for each bank. A paid time off (PTO) model, on the other hand, combines vacation, sick time and personal time into a single bank of paid time for employee use for any purpose. If an employer with separate banks of time allotted 10 vacation days, 5 sick days, and 3 personal days per year and that organization moved to a PTO model, their PTO plan would either provide 18 days of available time (for any purpose) at the beginning of the year, or would allow employees to accrue the 18 days over the course of the year.

20a: Does your organization offer an unlimited number of PTO days after one year of employment?

- Yes
- No (Answer 20b)

20b: What is the number of PTO days available after one year of employment? (Do not include organization holidays.)

_____ PTO Days

20c: Does your organization offer an unlimited number of vacation days after one year of employment?

- Yes
- No (Answer 20d)

20d: What is the number of vacation days available after one year of employment?

_____ Vacation Days

20e: Does your organization offer an unlimited number of sick days after one year of employment?

- Yes
- No (Answer 20f)

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20f: What is the number of sick days available after one year of employment?

_____ Sick Days

20g: Can an employee use sick days to care for an ill dependent?

- Yes
- No

20h: Does your organization offer an unlimited number of personal days after one year of employment?

- Yes
- No (Answer 20i)

20i: What is the number of personal days available after one year of employment?

_____ Personal Days

21: Can employees trade accrued time off for pay?

- Yes
- No

Some organizations allow employees to "cash-in" all or some of their unused paid time off at the end of the year. The employee receives a lump-sum payment in exchange for the day/hours cashed in.

22: Can employees "donate" accrued PTO or vacation/sick/personal days to any fellow employees in need?

- Yes
- No

Eligible employees may voluntarily donate, and/or receive donations, of accrued paid time off for critical personal situations and family medical emergencies.

23: Does your organization offer any employee bonus or incentive programs?

- Yes
- No

Performance bonus/incentive plans are those which provide a financial or other tangible reward based on an employee's performance during a specified time period. Examples of rewards may include cash bonuses, company stock, gifts, vacations, use of a company vehicle or residence, free parking, etc.

24: Does your organization offer bonuses to employees who refer new hires?

- Yes
- No

Commonly referred to as recruitment bonus or employee-referral bonus. Do not include salary or bonuses that may be provided to recruitment staff. An Employee Referral Bonus provides an incentive award to a current employee who refers a new applicant who is subsequently selected and successfully employed.

25: Does your organization offer an employee retirement plan? (*Select all that apply.*)

- 401(k), 403(b) or 457
- Pension Plan (SIMPLE, SEP and/or SARSEP)
- Defined benefit plan
- Profit-sharing plan
- Employee Stock Ownership Plan (ESOP)
- My organization does not offer a retirement plan
- Other, please list _____

25a: If necessary, please use this space to briefly describe any unique aspects of your organization's retirement plan (750 character limit): _____

25b: When is an employee eligible to begin contributing to their retirement plan?

(*Conditional visibility based upon response to question 25.*)

- First day of hire
- First day of the next month after hire
- 30 days after hire
- 60 days after hire
- 90 days after hire
- More than 90 days after hire
- Other, please describe _____

25c: Does your organization match employee contributions to an employee's retirement savings plan?

(*Conditional visibility based upon response to question 25.*)

- Yes
- No

A match is when an employer matches all or part of an employee's contribution to their retirement plan. Please answer yes only if your organization contributes according to an established policy and independent of employer profits (e.g., not only when profits reach or exceed a certain level).

Work-Life Balance and Wellness Initiatives

26: Does your organization allow employees additional paid time off for community service activities/volunteer work?

- Yes
- No

Select "yes" only if you offer this in addition to employee's regular vacation, personal, or paid time off (PTO) days. Time off may be for an employee's chosen activity, or may be for an employer-sponsored organization or event.

27: Does your organization sponsor or actively support any community service initiatives?

- Yes
- No

Examples include support of nonprofit organizations such as Boy/Girl Scouts, Big Brothers/Big Sisters, United Way, Habitat for Humanity and local initiatives such as food banks, anti-littering programs, literacy programs, local shelters or kitchens, disaster relief programs, etc.

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Please tell us about any of the following benefits and/or programs your organization provides. The phrase "As a standard practice" implies that the program/benefit is widely accepted within your organization and not an exception to the normal routine.

28: As a standard practice, does your organization offer telecommuting options to your employees?

- Yes
- No

Telecommuting may also be known as telework, work-from-home or e-work. It refers to a work arrangement in which employees are given flexibility to work from a location other than the organization's offices - most often from their home. Some employees may be full-time teleworkers; others may be extended this arrangement on a limited (e.g., 1-3 days per week) or as-needed basis (e.g., when staying home to care for a sick child, etc.). It is understood that telecommuting is not appropriate for all positions (e.g., receptionists, maintenance or manufacturing staff, etc.).

29: As a standard year-round practice, does your organization offer employees the option to work flexible hours or a compressed work week?

- Yes
- No

A compressed work week is one in which an employee has the flexibility to work more hours per day in order to work fewer days per week (e.g., four 10-hour days per week instead of five 8-hour days per week). Please answer "Yes" only if a compressed work week option is available year-round, and not just during off-peak seasons.

30: Does your organization provide any workplace facilities to promote exercise and fitness?

- Yes
- No

On-site fitness facilities may include a gym, workout room, exercise equipment, lockers, a shower, walking/jogging trail, bike racks, etc.

31: Does your organization provide any fitness and/or wellness programs or practices within the workplace?

- Yes
- No

Examples may include on-site health fairs or fitness challenges, on-site health screenings and/or flu shots, Weight Watchers at Work (or similar) programs, chair massages, etc.

32: Does your organization pay all or part of employees' costs for health club memberships or fitness or wellness programs?

- Yes
- No

33: Does your organization provide cafeteria or meal subsidies, free daily snacks or beverages?

- Yes
- No

Examples include free or reduced-cost cafeterias, free meals (regularly or during peak seasons), free beverages (coffee, tea, bottled or filtered water, soft drinks, juices), free snacks (fruit, pretzels, chips, bagels, doughnuts, etc.).

34: Does your organization promote any sustainable or "green" practices?

- Yes
- No

Examples include recycling aluminum cans, paper products and ink/toner cartridges, shifting to more paperless work processes, purchasing products made from recycled materials, turning off lights, using renewable energy (e.g., solar or wind power), constructing new facilities using sustainable building practices, etc.

Training and Career Development

35: How often does your organization conduct Employee Performance Reviews for all staff?

- As needed
- Once per year
- Twice per year
- More than twice a year
- My organization does not conduct Employee Performance Reviews for all staff.

This question refers to employee performance evaluations. Do not include employee engagement or satisfaction surveys.

36: Does your organization conduct 360-degree Performance Reviews?

- Yes, all staff
- Yes, only supervisors and above
- My organization does not conduct 360-degree Performance Reviews.

360 degree feedback is an evaluation technique that provides each employee the opportunity to receive performance feedback from his or her supervisor and four to eight peers, direct reports, coworkers and customers. Most also include a self-assessment.

37: What form(s) of tuition reimbursement and/or assistance does your organization offer? *(Select all that apply.)*

- Advanced or post-graduate degree
- Certifications
- Business education workshops and/or conferences
- My organization does not offer tuition reimbursement and/or assistance.
- Other, please describe: _____

Refers to reimbursement of tuition for college-level or above classes. May be limited to classes taken toward a degree, or may include any job-related class or seminar. The level of reimbursement may depend on the employee's final grade, or may be capped at a certain number of credits, or a certain dollar amount, per year.

38: Does your organization offer formal employee career development and/or job advancement programs or practices?

- Yes
- No

Refers to programs or practices designed to help employees to grow within their current positions or to transfer or advance to a different position within the organization.

39: Does your organization have any formalized programs and/or practices for succession planning?

- Yes
- No

Succession planning refers to a deliberate process used to ensure that staff are developed who are able to replace senior management as they retire or leave the organization.

40: Does your organization offer any programs and/or practices focused on employee leadership training and/or development? (Select all that apply.)

- Mentoring
- Job shadowing/cross training
- Attendance at leadership workshops or other formal leadership education
- Support of leadership roles within volunteer organizations outside of your organization
- My organization does not offer any programs or practices focused on employee training and development
- Other, please describe: _____

Refers to programs or practices specifically designed to help employees become leaders or improve their leadership skills within the organization.

Corporate Culture and Communications

41: How often does your CEO/President host regularly-scheduled employee meetings?

- At least monthly
- Quarterly
- Bi-Annually
- Annually
- Less often than once a year
- My CEO/President does not host regularly-scheduled employee meetings.

42: How often does your organization regularly conduct a formal survey of its employee population? Please consider only workplace satisfaction or employee opinion surveys, either administered internally or as part of a competition.

- More than twice a year
- Twice a year
- Once a year
- Every other year
- Less often than every other year
- As needed
- My organization does not regularly conduct a formal employee survey.

43: Does your organization offer formal employee recognition and/or appreciation programs?

- Yes
- No

Refers to practices or programs designed to recognize extraordinary employee performance, show appreciation for employee service or loyalty, etc. Examples include: Years of Service Awards, Employee of the Month Awards, Employee Appreciation dinners or picnics, etc.

43a: Describe up to three employee recognition and/or appreciation programs. (250 character limit)

One

Two

Three

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44: Please describe any family-friendly benefits or practices your organization provides to its employees. (Select all that apply.)

- Fully or partially paid parental leave for the birth or adoption of a child
- Adoption assistance, such as reimbursement of agency fees, travel fees, legal assistance, paid time off before or after adoption, etc.
- Lactation facilities for breastfeeding mothers
- All or part of employees' full- or part-time childcare paid, either on a regular basis or only during busy seasons
- Flexible hours to accommodate school events, taking a family member to the doctor, etc.
- Back-up child or elder care if an employee's regular caregiver is suddenly not available
- After-school or summer programs for school-aged children of employees
- Employer-sponsored Eldercare Assistance for employees with aging family members, such as transportation to medical appointments or meal delivery; securing of proper care and/or assistance facilities; information about financial resources; or counseling support for caregiver stress.
- Immediate families invited to corporate events
- Free or discounted tickets to local family entertainment or sporting events
- My organization does not offer any family-friendly benefits or practices
- Other, please describe: _____

Family-friendly practices or benefits are those which help employees balance work with the demands of caring for family members.

45: Please describe any programs or practices your organization provides to promote a healthy work/life balance. (Select all that apply.)

- No overtime, or overtime kept at a minimum
- Meetings and staff-only events limited to during work hours only
- Monetary incentives or extra paid time off when overnight travel is required
- An employer-sponsored Employee Assistance Program (EAP) which may provide counseling for marital, parental or financial problems, and/or assistance for specific conditions such as substance abuse, smoking and gambling
- Productivity or time management workshops, seminars or classes
- On-site personal development and/or stress management workshops, seminars, or classes
- Paid sabbaticals
- Financial Education workshops, seminars or classes
- Concierge service (employer coordinates or offers services such as dry cleaning, meal catering, childcare arrangements or automobile services)
- My organization does not offer any work/life balance programs nor practices.
- Other, please describe: _____

Work/life balance refers to the ability to balance the demands of, and satisfactions of, one's personal and work life.

46: Does your organization initiate any activities to relieve stress and promote fun?

- Yes
- No

Examples include office chair races, silly contests, game tables, costumes at Halloween, allowing pets at work, announcing surprise Fridays off, etc.

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46a: Describe up to three activities your organization initiates to relieve workday stress and promote fun. (250 character limit)

One _____
Two _____
Three _____

47: List any awards your organization has been given for best practices in the workplace including the name of the award, by whom it was presented, rank (if applicable) and the year awarded. (750 character limit):

Examples may include #15 "Working Mother Best 100 Companies in 2015" by Working Mother magazine, #98 "Top 100 Companies to Work for in 2017" by Fortune magazine, etc.

48: Should you make the list, we would like to notify your top four vendors or suppliers. Please provide the names and contact information of your top four business vendors (Please include contact name, address, email and telephone.)

As a list-maker, we would like to notify your top four vendors or suppliers (i.e. health insurer, benefits administrator, bank, accounting firm, etc.).

Vendors 1 - 4:

Organization Name _____
Contact Name _____
Address _____
City, State, Zip _____
Telephone _____
Email Address _____

Media Information Request

As part of the recognition process you will need to provide the publication partner with information that sets you apart from the competition. Failure to provide information could result in limited recognition for your organization, should your organization be named to the list.

49: Please provide a brief overview of your organization and what makes it a "best" place to work. (2250 character limit):

50: If we were to ask your employees, "What three things does your employer do for you that you love?" what would they say? Examples are: chair massages, holiday party, 4-day work week, etc. Be specific; don't just reply, "We are like a family." (250 character limit)

One _____
Two _____
Three _____

51: Other than the three items listed in Question 50, are there any other unique or creative employee benefits or programs offered by your organization? Examples are: a "Biggest Loser" weight loss challenge, a ping-pong table, paid time off to provide on-site relief effort to disaster victims, ice cream Fridays, etc. (250 character limit)

One _____

Two _____

Three _____

52: If given the opportunity to write your organization's winner profile for the "best" publication and/or event, should your organization be named to the list, what would it say? (750 character limit):

Logo and Photo Request

The following information may be used by our publication partners in their special publication and/or awards event. Submitting your organization's logo and photos implies that you are granting permission to publish this information. We would like to request 4 images. (1 logo, 3 photos.)

First, your company logo:

Upload a color logo using the following specifications:

- The file should be a vector EPS file, a high-resolution JPG, TIFF, AI, or PNG.
- You will NOT be able to upload images larger than 5MB. If your image is larger than 5MB, please resize it smaller and resubmit.
- PDF, GIF, or BMP files will not be accepted.
- Do not use a scan off a piece of letterhead.
- If you have any questions regarding your image, please email: support@bestcompaniesgroup.com.

We are requesting three photos that demonstrate why your organization is a great place to work, such as, organization outings, community service, and employee events.

Please upload your photos using the following specifications:

- ALL images should be high-resolution. Usable photos are at least: 300+ dpi; 800x600 pixels; 300KB (kilobytes) in size but less than 5MB.
- You will NOT be able to upload images larger than 5MB. If your image is larger than 5MB, please resize it smaller and resubmit.
- JPEG or JPG files are preferred. TIFF files are acceptable. BMP files will not be accepted.
- Cell phone images are typically not of good enough quality to be used.
- Please do not copy and paste images from your website - they will be too small and too low-resolution to use on a big screen or in print. If you want a photo from your site, ask your marketing or web department for the original file.
- Do not paste your photos into a Word document, PowerPoint slide, the body of an email, PDF, etc. These documents will not be accepted in the upload.
- Please do not send photo collages, slides from a presentation, or scan an image off a piece of letterhead, because they cannot be seen clearly.
- Please provide pictures from the last 12 months.
- Please provide a short caption (less than 25 words) describing the photo in the space provided.