



## INCLUSIVE EMPLOYER DESIGNATION WORKSHEET

Be recognized as an employer of choice with the Inclusive Workforce Employer (I-WE) Designation, championed by the Community Workforce Inclusion Council (CWIC) whose mission is to recognize employers who are committed to inclusive workplace practices. Please use this form to track any DEI initiatives your company has undertaken or plan to roll out soon. Additionally, having this information together can help when you apply for recognition.

**EMPLOYER SECTION: The following sections align with the criteria required to receive the I-WE designation.**

**EMPLOYER NAME:**

Section 1	Please share your mission, vision, or values statement that illustrates your commitment to an inclusive workforce.
Section 2	Please indicate if your organization has completed a Diversity and Inclusion assessment, including name of assessment, results and date.
Section 3	Provide a list of the diversity and inclusion education your company provides for staff and management.
Section 4	Provide a list of the resources (time, monetary, leadership) your company is committed to in building an inclusive community.

**REVIEW SECTION: To be completed by the Community Workforce Inclusion Council (CWIC)**

This company \_\_\_ has or \_\_\_ has not met with the CWIC prior to applying for the Inclusive Workforce Employer (I-WE) Designation:  
 Short Summary of CWIC Recommendations:

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WSC Signature:	Date:
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