

WIOA
WORKFORCE DEVELOPMENT BOARD
Nomination Slate and Appointment Form

Local Workforce Development Area: _____

Name of Nominee: _____

Nominee Position/Title: _____

Nominees Organization: _____

Representing: Business or Mandated Workforce System Partner

Must be a representative with “**optimum policy making authority**” or “**hiring authority**”. An individual who can reasonably be expected to speak affirmatively on behalf of the entity he or she represents to commit that entity to a chosen course of action. Yes or No

Ecosystem/Industry: _____ # of Employees: _____

Nominee Mailing Address: _____

Work Phone: _____ Other Phone: _____

FAX: _____ E-Mail: _____

Nominating Agency/Organization: _____

Address: _____

Telephone No: _____ Email: _____

Signature of President/Director or other Official of Nominating Organization Date

WDB Appointment Dates: _____

CLEO Signature Date