

LOCAL 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

If representing business, must serve as either owner, chief executive or operative officer, other type of executive officer, or a person with optimum policymaking or hiring authority within the business they represent. Must be an individual with demonstrated experience and expertise 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.

Does nominee qualify? Yes No N/A

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