

## Local Workforce Investment Board Nomination Slate

Workforce Investment Area: \_\_\_\_\_

Name of Nominee: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Nominated to Represent: \_\_\_\_\_  
(Business or Mandated Workforce System Partner)

### Contact Information

Address: \_\_\_\_\_

Telephone No: Work \_\_\_\_\_ Home \_\_\_\_\_

FAX: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Nominating Agency/Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone No: \_\_\_\_\_ FAX No: \_\_\_\_\_

\_\_\_\_\_  
Signature of President, Director, or other Official of Nominating Organization

\_\_\_\_\_  
Date

Has person agreed to serve? Yes or No