



## Local Workforce Development Board Alternates Roster

Local Workforce Development Area: \_\_\_\_\_

Local WDB Member Name:	
Designated Alternate Name:	Title:
Organization:	Phone Number:
Mailing Address:	Email Address:

Local WDB Member Name:	
Designated Alternate Name:	Title:
Organization:	Phone Number:
Mailing Address:	Email Address:

Local WDB Member Name:	
Designated Alternate Name:	Title:

### Legal References

- [WIOA sec. 107\(h\)](#)

Organization:	Phone Number:
Mailing Address:	Email Address:

Local WDB Member Name:	
Designated Alternate Name:	Title:
Organization:	Phone Number:
Mailing Address:	Email Address:

Local WDB Member Name:	
Designated Alternate Name:	Title:
Organization:	Phone Number:
Mailing Address:	Email Address:

Local WDBs are not not limited to five alternates, please include alternates for all required representatives. Submit completed copy to: [WIOAgovernance@iwd.iowa.gov](mailto:WIOAgovernance@iwd.iowa.gov).

**Legal References**

- [WIOA sec. 107\(h\)](#)