



Local Workforce Development Board Member Nomination Form

Nominee (Applicant Information):

Name: _____

Local Workforce Development Area Representing: _____

Position/Title: _____

Address: _____ City/Zip Code: _____

Phone Number: _____

E-mail Address: _____

Gender: Male Female

Local Workforce Development Board category the nominee represents (check only one):

Business Labor Organization Adult Education and Literacy Higher Education

Organization Representing: _____

Please describe briefly why you would like to serve on the Local Workforce Development Board:

Nominating Organization Information:

Organization: _____

Number of Employees: _____

Name: _____

Position/Title: _____

Address: _____ City/Zip Code: _____

Phone Number: _____

E-mail Address: _____

Legal References

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

I hereby recommend and nominate the above-named person for membership on the Local Workforce Development Board.

Nominator's Signature

Date

Action by the Chief Lead Elected Official

Subject to certification required by Section 107 of the Workforce Innovation and Opportunity Act of 2014 and Policy 1.4.1.1 Submission of Nominations, the person nominated herein has been duly appointed to the Local Workforce Development Board by the Chief Lead Elected Official.

Political Affiliation: _____

Term of Appointment: From _____ To _____

Signature of Chief Lead Elected Official

Date

Action by Iowa Workforce Development

Appointment is: Affirmed Denied

Signature of IWD Representative

Date

Legal References

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