

LOCAL SERVICE PLAN MODIFICATION TRANSMITTAL FORM

To Be Completed by Region: Region Number: 15 Date Submitted January 17, 2017 Effective Date: January 17, 2017	For State Use Only: Date Received: Date Approved: Effective Date:
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Provide a brief description of the CSP changes below:

Adding the following additional Policies:

- Region 15 Policy Memo 16-2 Supportive Services (Change 1)
- Region 15 Policy Memo 17-1 Incumbent Worker Policy
- Region 15 Policy Memo 17-2 Transitional Jobs Policy
- Region 15 Policy Memo 17-3 Dislocated Worker Definition
- Region 15 Policy Memo 17-4 OJT Policy

Regional Customer Service Plan Certification

I certify that the attached has been reviewed and approved by the Regional Workforce Investment Board and the Chief Elected Officials Board, and that I am authorized to sign on behalf of the group I represent.

David Krueffelt 4/18/2017
RWIB Chair Signature / Date
VICE CHAIRMAN

Matt Green 4-25-17
CEO Chair Signature / Date

