



WEST CENTRAL
WORKS

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APPOINTMENT ACCEPTANCE

Name: _____

Email Address: _____

I am willing to accept appointment as a member of the Workforce Development Board.

Comments:

I regret that I am unable to accept this appointment.

Comments:

Signatures: _____ Date: _____

You have been appointed for an additional 3-year term by the Consortium reappointed you for a 3-year term. The new term will expire on _____.

Joint Board Minutes _____