

Board Request for Union Concurrence
NEMO Workforce Development Board

Date:

To: Union Name: _____ Representative Name: _____ Address: _____ Phone: _____
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From: Agency Name: _____ Contact Person: _____ Address: _____ Phone: _____
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Subject: Request for Union Concurrence for: _____ (Participant name) To engage in agreement with _____ to (Union Name) provide work experience and training opportunities for workers eligible for employment and training services under the Workforce Innovation and Opportunity Act (WIOA).

Description of Work Project:

Number of Participants (s) Involved: _____
Starting date of training _____ Length of Training: _____

Additional Comments: _____

Union Concurrence: Yes No

If no, reason: _____

Signature of Union Representative/Date Print Name

Note: If a response is not received from the Union Representative within 15 days of the date on listed above, the work project will proceed.