

UNION SIGN OFF/SIGNATURE SHEET
WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA)
REQUEST FOR CONCURRENCE ON PROPOSED
WORK EXPERIENCE AGREEMENTS

DATE OF REQUEST: _____

Business agent or authorized representative, please review the attached terms and conditions of the proposed Memorandum of Agreement and training summary of the proposed work experience work site agreement and return your response as soon as possible.

UNION SHOP: Yes ____ or No ____

IF NO

WORKSITE SUPERVISOR'S SIGNATURE: _____

IF YES

UNION: _____

BUSINESS AGENT SIGNATURE: _____

OR

SIGNATURE OF AUTHORIZED REPRESENTATIVE: _____

TITLE OF AUTHORIZED REPRESENTATIVE: _____

ADDRESS: _____

PHONE: _____

I hereby grant concurrence on the proposed training contract. Yes ____ No ____

DATE OF CONCURRENCE: _____

COMMENTS:

Please return to: _____

Case Manager for Administrative Entity