

UNION SIGN OFF/SIGNATURE SHEET
TANF-WEX
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: _____

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: _____
