Western Arkansas Workforce

Development Board

Proxy

Date:

Due to a conflict in my schedule, I authorize as my proxy on _____

(meeting date)

(representative name)

of_____

(company)

at the Western Arkansas Workforce Development Board meeting.

□ My proxy represents our organization or group being represented and is an individual with optimum policymaking or hiring authority within the organization represented.

Print Name: _____

Signature: