

# Appointment/Reappointment Form Instructions

1. LWIA # Enter the number assigned to the Local Workforce Innovation Board by the state.
2. Name Enter the first and last name of the person being appointed/reappointed.
3. Representing Entity Enter the name of the entity the person being appointed/reappointed is representing.
4. Street Address Enter the street address where the representing entity is located.
5. City Enter the city where the representing entity is located.
6. County Representing Enter the county where the representing entity is located.  
  
If the person being appointed/reappointed is representing the county they live in (if this provision is in the bylaws), enter that county and check the residence county box. If no such provision is in the bylaws, leave residence county blank.
7. State Enter the state where the representing entity is located.
8. ZIP Enter the zip code where the representing entity is located.
9. Phone Enter the phone number where the person being appointed/reappointed can be reached, including the area code.
10. Fax Enter the fax number where the person being appointed/reappointed can be reached, including the area code. If no fax number is available, leave blank.
11. Email Enter the email address of the person being appointed/reappointed. If no email is available, leave blank.
12. Reason for Submission Check the box(es) indicating the reason for submitting the form.  
  
If Appointment is checked, please indicate the name of the person being replaced. If this is an additional member, please indicate so on this line.
13. Title and/or Job Duties Enter the job title of the person being appointed/reappointed. If no job title is available or if the job title does not indicate optimum policy making authority, please list the job duties. Attach additional pages if necessary.  
  
Optimum policy making is defined as an individual who can reasonably be expected to speak affirmatively on behalf of the entity he or she represents and to commit that entity to a chosen course of action. Business members may also have hiring authority.
14. Appointee Characteristics Fill in the gender, race, and ethnicity for the person being appointed/reappointed. If the person being appointed/reappointed chooses to leave this item blank, please check the waived box.
15. Appointee Signature The person being appointed/reappointed must sign the form and enter the current date in the MM/DD/YY format.
16. Business Representative Check the box if the person being appointed/reappointed is representing a business. A nomination form is required only for an **initial** appointment.  
  
A business representative must be a representative in the local area who:
  - is an owner of a business, chief executive or operating officer or other business executive or employer with optimum policy making or hiring

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- authority;
- represents businesses with employment opportunities that, at a minimum, include high-quality and work-relevant training and development in in-demand industry sectors or occupations in the local area; and
- is appointed from among individuals nominated by a local business organization or business trade association.

Indicate the number of employees in the local area for the representing entity.

Check the box if the person being appointed/reappointed is representing a small business as defined by the U.S. Small Business Administration. Refer to the Small Business Administration Table of Small Business Size Standards available at: [SBA Size Standards | NAICS Association](#). When determining if the business is a small business, the total number of employees of all affiliates and not just the location must be utilized. If the determination is based on size standards in millions of dollars, calculate the “average annual receipts” for the most recent three completed fiscal years divided by three.

Fill in the 6-digit 2022 NAICS code.

Check the **one** industry sector that represents the type of business performed by the representing entity matching the NAICS code sector description (on page 6 of these instructions).

The Industry sector is the first two numbers of the NAICS code. Therefore, a business representative from a company with a NAICS code of **111150** would fall under – Agriculture, Forestry, Fishing and Hunting.

## 17. Workforce Representative

Check the box if the person being appointed/reappointed is representing workforce.

Check the box for Labor Organization if the person being appointed/reappointed represents a labor organization (for a local area in which employees are represented by labor organizations), who have been nominated by local labor federations, or (for a local area in which no employees are represented by such organizations) other representatives of employees.

Labor Federation means an alliance of two or more organized labor unions for the purpose of mutual support and action. Examples are labor councils and building and trades councils.

A nomination form is required only for an **initial** labor organization appointment.

Check the box for Labor-Mgmt. Apprenticeship Program/Apprenticeship Program if the person being appointed/reappointed represents a member of a labor organization or a training director, from a joint labor-management apprenticeship program, or if no such joint program exists in the area, such a representative of an apprenticeship program in the area, if such a program exists. Department of Labor registered apprenticeship and training programs can be found at the following website - <http://oa.doleta.gov/bat.cfm>.

Check the box for Community-Based Organization (CBO) if the person being appointed/reappointed represents a CBO that has demonstrated experience and expertise in addressing the employment needs of individuals with barriers to employment, including organizations that serve veterans or that provide or support competitive integrated employment for individuals with disabilities.

A community-based organization means a private nonprofit organization (which may include a faith-based organization), that is representative of a

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community or a significant segment of a community and that has demonstrated expertise and effectiveness in the field of workforce development.

If this box is checked, a description of the experience and expertise of the CBO in addressing the employment needs of individuals with barriers to employment must be provided. In addition, the population with barriers to employment as defined in WIOA Section 3(24) must be included in the description.

Check the box for Youth Organizations if the person being appointed/reappointed represents an organization that has demonstrated experience and expertise in addressing the employment, training, or education needs of eligible youth, including representatives of organizations that serve out-of-school youth.

If this box is checked, a description of the experience and expertise of the Youth Organization in addressing the employment needs of individuals with barriers to employment must be provided.

## 18. Education and Training Representative

Check the box if the person being appointed/reappointed is representing education and training.

Check the box for Adult Education and Family Literacy Activities if the person being appointed/reappointed represents an eligible provider administering adult education and family literacy activities (AEFL) under Title II. The directory of eligible providers can be found on the Illinois Community College Boards' website.

A nomination form is required only for an **initial** appointment of a representative from providers of Adult Education when more than one provider is located in the local area.

Check the box for Institution of Higher Education if the person being appointed/reappointed represents an institution of higher education providing workforce investment activities (including community colleges). The directory of institutions of higher education can be found on the Illinois Board of Higher Education's website.

A nomination form is required only for an **initial** appointment of a representative from an institution of higher education when more than one institution is located in the local area.

Check the box for Community-Based Organization (CBO) if the person being appointed/reappointed represents a CBO that has demonstrated experience and expertise in addressing the education or training needs of individuals with barriers to employment.

A community-based organization means a private nonprofit organization (which may include a faith-based organization), that is representative of a community or a significant segment of a community and that has demonstrated expertise and effectiveness in the field of workforce development.

If this box is checked, a description of the experience and expertise of the CBO in addressing the education or training needs of individuals with barriers to employment must be provided. In addition, the population with barriers to employment as defined in WIOA Section 3(24) must be included in the description.

Check the box for Local Educational Agency if the person being

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appointed/reappointed represents a local educational agency that has demonstrated experience and expertise in addressing the education or training needs of individuals with barriers to employment.

## 19. Governmental and Economic and Community Development Representative

Check the box for Economic and Community Development if the person being appointed/reappointed is representing an economic and community development entity.

An Economic Development agency includes local planning or zoning commission or board, a community development agency, or another local agency or institution responsible for regulating, promoting, or assisting in local economic development.

Check the box for Wagner-Peyser Act (Employment Service) if the person being appointed/reappointed is representing an appropriate representative from the State employment service office under the Wagner-Peyser Act (29 U.S.C. 49 et seq.) serving the local area.

The Illinois Department of Employment Security will provide the name of the representative that has optimum policy making authority and should represent Wagner-Peyser on the local board.

Check the box for Vocational Rehabilitation if the person being appointed/reappointed is representing an appropriate representative of the programs carried out under Title I of the Rehabilitation Act of 1973 (29 U.S.C. 720 et seq.), other than section 112 or Part C of that title (26 U.S.C. 732, 741), serving the local area.

The Illinois Department of Human Services/Division of Rehabilitation Services will provide the name of the representative that has optimum policy making authority and should represent Vocational Rehabilitation on the local board.

Check the box for Transportation, Housing, and Public Assistance if the person being appointed/reappointed is representing an agency or entity that administers programs serving the local area relating to transportation, housing, and public assistance.

Representatives of the Department of Human Services/Division of Family & Community Services (TANF) or Housing Authorities would fall under this category.

Check the box for Philanthropic Organization if the person being appointed/reappointed is representing a philanthropic organization serving the local area.

## 20. Other Representative

Check the box if the person being appointed/reappointed is representing any other entity not listed above.

## 21. Term of Appointment

Enter the term of appointment of the person being appointed/reappointed.

The **FROM** date will always be the **initial** appointment date, even for a reappointment. The date should be 10/01/XX.

The **TO** date:

- For an appointment, will be 09/30/XX and should be in accordance with local bylaws.
- For a reappointment, should be updated from what is currently on file at the Office of Employment and Training (OET) and should be in

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accordance with local bylaws.

- For a recertification:
  - ♦ if the term has not expired or is not going to expire soon, the TO date may stay the same as what is currently on file at OET.
  - ♦ if the term date has expired or will expire soon, the TO date should be different than what is currently on file at OET.
- For an employer change or contact information change, the TO date should remain the same as what is currently on file at OET unless the member is being reappointed at this time.

22. Submission Instructions:      The completed packet must be emailed to [michael.baker@illinois.gov](mailto:michael.baker@illinois.gov).

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## 2017 U.S. NAICS Description

Check the **one** industry sector that represents the type of business performed by the representing entity matching the NAICS code sector description (on pages 5 and 6 of these instructions).

The Industry sector is the first two numbers of the NAICS code. Therefore, a business representative from a company with a NAICS code of 111150 would fall under – Agriculture, Forestry, Fishing and Hunting.

Sector	Name
11	Agriculture, Forestry, Fishing and Hunting
21	Mining, Quarrying, and Oil and Gas Extraction
22	Utilities
23	Construction
31-33	Manufacturing
42	Wholesale Trade
44-45	Retail Trade
48-49	Transportation and Warehousing
51	Information
52	Finance and Insurance
53	Real Estate and Rental and Leasing
54	Professional, Scientific, and Technical Services
55	Management of Companies and Enterprises
56	Administrative and Support and Waste Management and Remediation Services
61	Educational Services
62	Health Care and Social Assistance
71	Arts, Entertainment, and Recreation
72	Accommodation and Food Services
81	Other Services (except Public Administration)
92	Public Administration