

**Workforce Development Board
Kane, Kendall and DeKalb Counties**
Board Member Proxy Statement

I hereby designate _____ as my proxy for the Full Board Meeting being held on _____. I understand by doing so, I am authorizing said person to vote in my place and to be counted towards quorum by being physically present at the meeting.

Board Member Signature: _____

Print Name: _____

Date: _____

Proxy Signature: _____

Print Name: _____

Date: _____

As stipulated in the Workforce Development Board Bylaws, please submit this form to Board staff at least forty-eight (48) hours prior to the Full Board Meeting through email or fax.

Board Staff Contact:

Ginger Knapp

knappginger@countyofkane.org

Phone: 630.589.9923

Fax: 630.966.1172

Staff Only: Date Received: _____ Time: _____