Lower Savannah Workforce Investment Area (LSWIA)
WORKFORCE DEVELOPMENT BOARD (WDB)

VOCATIONAL REHABILITATION NOMINATION FORM

To assist designated agencies in making appropriate nominations by classification:

A. NOMINATING AGENCY: Recognized State and local Vocational Rehabilitation Organizations or Agencies
B. These Nominating Agencies may only nominate those representing: VOCATIONAL REHABILITATION

RETURN TO: Denise Blystone (dblystone@lscog.org)
LSWDB Liaison
Lower Savannah Council of Governments
PO Box 850, Aiken, SC 29802-0850
Phone: (803) 508-7074

NOMINATING AGENCY: ________________________________
{State Vocational
Rehabilitation
Department}

Printed Name of Endorsee: ________________________________
Endorsee’s Signature: ________________________________
Date Signed: ________________________________
Phone Number of Endorsee: ________________________________

Nominee’s Information:

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<tr>
<th>Name, Home Address, Home Phone # &amp; Home E-Mail (if possible)</th>
<th>BUSINESS INFORMATION</th>
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<td>AGENCY NAME &amp; JOB TITLE</td>
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