SC WORKS
LOWER SAVANNAH

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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:

Name, Home Address, Home Phone # & Home E-Mail (if possible)	BUSINESS INFORMATION		
	AGENCY NAME & JOB TITLE	BUSINESS MAILING ADDRESS	BUSINESS PHONE #, FAX # & E-MAIL