

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

I hereby designate \_\_\_\_\_ as my proxy for the Committee 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 Committee Meeting through email or fax.

Board Staff Contact:

Jeanine Niedzwiedz

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Staff Only: Date Received: \_\_\_\_\_ Time: \_\_\_\_\_