

District Board Appointment Form - Milwaukee only

District: _____

Type of appointment: annual interim Term: _____

Category being filled: ER (15+ employees) ER (100+ employees) Manufacturer ADD EO SDA

First Name	Last Name	Address	City	State	Zip Code

Incumbent, or name the person being replaced: _____

For Interim Appointments:

Effective date of resignation: _____ Reason for vacating post: _____

Please write a short Bio about the appointee including title, employer, education, civic duties, honor or awards:

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Submitted by: _____ Phone: _____

RESET

SUBMIT