# 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:

Type of appointment: annual interim Term:

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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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:

Type of appointment: annual interim Term:

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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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:

Submitted by: Phone: