NOMINATION ACCEPTANCE FORM
FOR THE
NATIVE AMERICAN EMPLOYMENT AND TRAINING COUNCIL

I, _____, _____, formally accept the
(Nominee) (DOB)

nomination to serve on the Native American Employment and Training Council, which is a two (2) year appointment, by the Secretary of Labor, for the Region or Sector of:

_____
(Specify the Region, Sector, or Other Discipline)

_____
Signature

_____
Date