

LOCAL PLAN REVISION TRANSMITTAL

TO (check one to indicate method of transmittal):

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Workforce Development and Training Division
New York State Department of Labor
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FROM:

<i>(Name)</i>	<i>(Telephone)</i>
<i>(Title)</i>	<i>(E-mail)</i>
<i>(Local Area)</i>	

DATE: _____

On behalf of the Workforce Investment Board and the respective chief elected official(s), I am attaching the following revisions to our Comprehensive Five-Year Local Plan under WIA:

Pages: _____
(Please list numbers of all pages revised)

Attachments: _____

(Please list names of attachments, and page numbers where appropriate)

Notes/Explanations (optional): _____

cc: _____
(Please enter name of State Representative to whom a copy was sent)