



Union Concurrence Statement



Work Site: _____

Temporary Job Position(s): _____

As an authorized official of the labor union representing workers at the site listed above, I verify that I am aware of the COVID national dislocated worker grant placement(s) through the Workforce Innovation and Opportunity Act (WIOA) at this Worksite. I further verify that there are no individuals laid off in the job category(s) in which the WIOA participants are placed, and that there is no conflict with the placement(s) and the current labor agreement.

Signature _____

Date _____

Labor Union _____

Title _____

As an authorized representative of the Worksite listed above, I verify that the job category(s) in which the WIOA participants are placed are NOT covered by a collective bargaining agreement.

Signature _____

Date _____