

# WORK FORCE

West Virginia  
USA

South Western West Virginia Region 2 Workforce Investment Board  
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## Appeal of Monitoring Review

Agency Name: \_\_\_\_\_

Point of Contact: \_\_\_\_\_ Position: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Monitoring Visit Date: \_\_\_\_\_ Date of Appeal: \_\_\_\_\_

Appeal for:  Programmatic Findings  Financial Findings

List below the Finding: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why should this Finding be repealed? (Attach documentation supporting the reason for appeal)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Attach a new sheet for each Finding Appeal.)

Appeal must be submitted to the Region 2WIB Executive Director no more than 15 business days after receipt of the Acknowledgement of the Corrective Action Plan.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date