

INDIVIDUALS DELEGATED TO ACT ON BEHALF OF THE APPOINTING AUTHORITY

The following individuals are delegated to act on behalf of the appointing authority:

<u>NAME</u>	<u>SIGNATURE</u>	<u>TITLE</u>	<u>COMMENTS</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<u>AUTHORIZED BY:</u>		
Appointing Authority: _____	_____	_____
NAME	TITLE	SIGNATURE
_____	_____	_____
AGENCY	APPROPRIATION CODE	EFFECTIVE DATE

PLEASE SEND COMPLETED FORM TO:

**Heinrich J. Losemann, Jr., Director
Employee and Labor Relations Division
Office of Personnel Services and Benefits
301 West Preston Street, Room 607
Baltimore, MD 21201**

**PHONE: 410-767-3488
FAX: 410-333-7603**

(PLEASE CONTINUE TO USE THIS FORM FOR FUTURE UPDATES, WHEN NECESSARY)