

**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> (please print or type)	<u>SIGNATURE</u>	<u>TITLE</u>	<u>COMMENTS</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<b><u>AUTHORIZED BY:</u></b>		
Appointing Authority: _____ Name (please print or type)	_____	_____
	Signature	Title
_____	_____	_____
Agency	Appropriation Code	Effective Date

**PLEASE SEND COMPLETED FORM TO:** Mr. Heinrich J. Losemann, Jr., Director  
 Employee Relations Division  
 Office of Personnel Services and Benefits  
 State Office Building – Room 607  
 301 West Preston Street  
 Baltimore, MD 21201

**PHONE:** 410-767-4943  
**FAX:** 410-333-7603

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