

Authorization for Representation

Use this form to authorize a representative to communicate on your behalf with the Pay Equity Office (“PEO”) in relation to the PEO’s file number .

Who I Am:

Address	Contact First Name	Contact Last Name	Job Title

Who My Representative Is:

First Name	Last Name	Title (if applicable)	Firm Name (if applicable)

Authorities I Am Granting To My Representative:

I, the undersigned, authorize the person or organization listed on this form to act on behalf of myself as my representative.

I authorize my representative to act before the PEO with respect to this complaint. I understand that my representative will have the authority to make submissions for me, and relay my directions to the PEO.

I understand that, for most correspondence, the PEO will only communicate with the appointed representative.

This authorization is in effect until the PEO closes file number or until I withdraw this authorization, whichever is earlier.

This authorization replaces any previous authorization(s) submitted to the PEO. I understand that I can withdraw this authorization at any time by providing written notice to the PEO.

I have the authority to act on behalf of myself in the submission of this form and the information I have provided is truthful, accurate, current, and complete. I authorize this representative to act on my behalf with respect to this complaint.

Name	
Job Title	
Signature	
Date	