



Agency Designee Authorization Form

Agency Name: _____

The following employee is authorized to act as my designee on behalf of the agency with regards to **personnel actions** that I, as the agency head, am not required to execute by law or policy:

Designee: _____ Title: _____

Telephone: _____ Email: _____

Designee Signature: _____

The following employee(s) is/are authorized to discuss personnel matters with MSPB staff via telephone and/or email (if different than the designee listed above):

*Please note that personnel matters will not be discussed with any employee who has not been authorized by his or her agency head. ***It is the agency's responsibility to notify MSPB of the resignation or retirement of any designee.***

Agency Head Name: _____

Agency Head Signature: _____ **Date:** _____

Please email your completed form to Brittany Frederick at
MSPB.communications@mspb.ms.gov.