

AGENCY AUTHORIZATION FORM

Please complete the information below for the Agency name, Unit/Division name (if applicable), and Team name. Skip to the bottom of the form without signing and follow the instructions to submit the form.

AGENCY _____

UNIT/DIVISION _____

TEAM NAME _____

As certified by my signature below, I approve the above named unit/division to participate and receive the agreed upon award in the Teamwork Incentive Program. Awards up to 25 percent of net savings or revenue gains resulting from improvements made during the project period will be distributed according to the agreements made by the agency and team. The Agency Head may determine whether to waive the requirement of signatures from the unit supervisor, and/or fiscal/budget officer. The Agency Head must sign the report if he/she agrees with the team becoming an official Teamwork Incentive Program team.

As certified by my signature below, I have reviewed and agree with the information provided in the team report, and support the team receiving the award recommended in the report.

AGENCY PRODUCTIVITY BOARD COORDINATOR Date

AGENCY HEAD Date

Note: The agency head has the authority to waive the following signatures:

UNIT SUPERVISOR Title/Date

AGENCY FISCAL OFFICE Title/Date

Click the button below to submit the form. A dialogue box will open prompting you to select how you would like to email the document. Please provide the name and email addresses for all persons that need to sign the form in the email.