

## Team Authorization Form Instructions

Each Team member is required to provide contact information and agree to the award ratio and certify that they agree with information in the final report.

Please complete the information in the form for each team member **with the exception** of the signature.

When the form is complete, please click the “Submit Form” button. A dialog box will open with email sending options. Please select one and click “send”.

The Productivity Board will send the completed form to all participants for signature via Adobe Sign. Recipients can sign the document through their web browser. A completed copy will be provided to all participants and the agency coordinator.

You may print and sign the form if you prefer and email the signed copy to [productivity@sos.wa.gov](mailto:productivity@sos.wa.gov).

If you need help, please contact us at [productivity@sos.wa.gov](mailto:productivity@sos.wa.gov) or call 360-725-0381.

**TEAM AUTHORIZATION FORM**

As certified by my signature below, I approve the application as submitted and agree with the information provided in the report.

TEAM MEMBER NAME (type or print) \_\_\_\_\_

JOB TITLE \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail Address \_\_\_\_\_ AWARD RATIO \_\_\_\_\_

X \_\_\_\_\_  
Signature Date

TEAM MEMBER NAME (type or print) \_\_\_\_\_

JOB TITLE \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail Address \_\_\_\_\_ AWARD RATIO \_\_\_\_\_

X \_\_\_\_\_  
Signature Date

TEAM MEMBER NAME (type or print) \_\_\_\_\_

JOB TITLE \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail Address \_\_\_\_\_ AWARD RATIO \_\_\_\_\_

X \_\_\_\_\_  
Signature Date

TEAM MEMBER NAME (type or print) \_\_\_\_\_

JOB TITLE \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail Address \_\_\_\_\_ AWARD RATIO \_\_\_\_\_

X \_\_\_\_\_  
Signature Date

TEAM MEMBER NAME (type or print) \_\_\_\_\_

JOB TITLE \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail Address \_\_\_\_\_ AWARD RATIO \_\_\_\_\_

X \_\_\_\_\_  
Signature Date