**Delegation of Signature Authority – Certified Payrolls and Labor Compliance Documents**

**\*\*Put on Company Letterhead\*\***

Date:

I , the undersigned am , of

 Name President/CEO Company

 ,

 Name

I hereby authorize , to sign and certify compliance documents

 Employee Name

for certified payrolls on behalf of .

Company Name

Signature:

Full Name:

I, , the undersigned, am the ,

 Employee Name Title

I confirm and warrant that I have authority to sign and certify the certified payroll reports, labor and compliance documents, on behalf of .

 Company Name

Signature:

Full Name: