

DEPARTMENTAL AUTHORITY AND DESIGNEE (DAD) FORM

Purpose: This form is used to authorize a Departmental Authority (DA) or Designee (D) to perform certain duties on behalf of the Department Director, Executive Director, Chief Deputy, or Agency Secretary. The DA or D must be a California resident and must have a valid California Driver's License. The DA or D must be a member of the State Bar of California and must have a valid State Bar membership. The DA or D must be a member of the State Bar of California and must have a valid State Bar membership. The DA or D must be a member of the State Bar of California and must have a valid State Bar membership.

Instructions: This form must be submitted using the email address of the requesting Departmental Authority or Designee. The form must be submitted using the email address of the requesting Departmental Authority or Designee. The form must be submitted using the email address of the requesting Departmental Authority or Designee.

1. **Authorization Type:** Select one of the following: Temporary, Permanent, Full-time, Part-time.
2. **Authorization Action:** Select one of the following: Appoint, Remove, Reappoint, Revoke, Renew.
3. **Department Director / Executive Director / Chief Deputy / Agency Secretary / Designee information:** The required fields in this section must always be completed.
4. **Designee information:** Provide the Designee's name, title, and contact information.
5. **Designee information:** Provide the Designee's name, title, and contact information.
6. **Agreement:** The Designee agrees to perform the duties assigned to them.
7. **Authorization Signatures:** Signatures of the Department Director, Executive Director, Chief Deputy, Agency Secretary, and Designee.
8. **Questions:** Contact the Fiscal Service Center at fiscalservicecenter@fiscal.ca.gov.

1. Authorization Type	
Department Director / Executive Director / Chief Deputy / Agency Secretary	Designee
A	A

2. Authorization Action		
Appoint	Remove	Effective Date
A	A	A

3. Departmental Authority or Designee information				
Name	Title	Address	City	State
A	A	A	A	A
Phone		Business Unit*		
A	A	A		
Fax		Business Unit*		
A	A	A		

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4. Designee information				
First Name*	Middle Initial	Last Name*	Title*	
Department Name*		Mailing Address of Department		
City*	State*	Zip Code*	Phone Number*	Fax Number
Email Address*			Business Unit*	State Employee*
			Á	Yes No

5. Designee information				
First Name*	Middle Initial	Last Name*	Title*	
Department Name*		Mailing Address of Department		
City*	State*	Zip Code*	Phone Number*	Fax Number
Email Address*			Business Unit*	State Employee*
			Á	Yes No

6. Agreement:

I certify under penalty of perjury that I understand and agree to comply with all applicable State and federal laws, regulations and policies. These may include the Information Practices Act of 1977 (Civ. Code § 1798 et seq.), Public Records Act (Gov. Code § 6250 et seq.), State Records Management Act (Gov. Code § 12270 et seq.), Comprehensive Computer Data Access and Fraud Act (Pen. Code § 502) and State Administrative Manual sections 5300-5399.

7. Authorization Signatures	
Department Director / Executive Director / Chief Deputy / Agency Secretary / Designee	
Signature	Date
Departmental Authority Designee (in section 4)	
Signature	Date
Departmental Authority Designee (in section 5)	
Signature	Date