

DEPARTMENTAL AUTHORITY AND DESIGNEE (DAD) FORM

Purpose: This form is used to document the Department Director, Executive Director, Chief Deputy, or Agency Secretary's authorization of a Department Director, Executive Director, Chief Deputy, or Agency Secretary to act on their behalf in the performance of their duties. The form must be submitted using the email address of the requesting Department Director, Executive Director, Chief Deputy, or Agency Secretary.

Instructions: The form must be submitted using the email address of the requesting Department Director, Executive Director, Chief Deputy, or Agency Secretary.

1. **Authorization Type:** Select the appropriate authorization type from the dropdown menu.
2. **Authorization Action:** Select the appropriate authorization action from the dropdown menu.
3. **Department Director / Executive Director / Chief Deputy / Agency Secretary information:** The required fields in this section must always be completed.
4. **Designee information:** Provide the designee's name and title.
5. **Designee information:** Provide the designee's name and title.
6. **Agreement:** The Department Director, Executive Director, Chief Deputy, or Agency Secretary must agree to the authorization.
7. **Authorization Signatures:** Provide the signatures of the Department Director, Executive Director, Chief Deputy, or Agency Secretary and the designee.
8. **Questions:** Provide any questions or comments.

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. Department Director / Executive Director / Chief Deputy / Agency Secretary information

Name	Title	Signature	
A	A	A	
Date			
A			
Department	Unit	Business Unit*	Signature
A	A	A	A
Business Unit*		Signature	
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	
Signature	Date
Departmental Authority Designee (in section 4)	
Signature	Date
Departmental Authority Designee (in section 5)	
Signature	Date