



SEE Program

AUTHORIZED SIGNATURE FORM

PLEASE PRINT AND FAX COMPLETED FORM TO YOUR NOWCC FIELD OFFICE.

- Eastern Field Office (Fax 703-890-1577)
- South Central Field Office (Fax 214-853-5266)
- Western Field Office (Fax 303-374-8148)

Enrollee Name: _____
 Office Name: _____
 Office Location (cubicle number): _____ Mail Code: _____
 Email Address: _____ Work Phone: _____

The following signatories are authorized to approve Enrollee Program forms submitted to NOWCC.

*The Primary and Alternate Monitors may approve all forms. **Information on both monitors is required.***

PRIMARY MONITOR	<i>may approve all forms</i>	Completion Required
Print Name: _____	Title: _____	
Signature: _____	Work Phone: _____	
Date: _____	Email Address: _____	

ALTERNATE MONITOR	<i>may approve all forms</i>	Completion Required
Print Name: _____	Title: _____	
Signature: _____	Work Phone: _____	
Date: _____	Email Address: _____	

*The following Additional Signatory is **optional** and may **only** approve timesheet, supply purchase, training expense, and travel expense forms (**may not approve Renewals**) if the primary and secondary monitors are not available.*

ADDITIONAL SIGNATORY	<i>may only approve timesheet, supply purchase, training expense, and travel expense forms.</i>	
Print Name: _____	Title: _____	
Signature: _____	Work Phone: _____	
Date: _____	Email Address: _____	