

**Designation of Labor Liaison
FISCAL YEAR 2013**

AGENCY: _____

DIRECTOR: _____

Mailing Address: _____

Telephone:

Main #: _____ Facsimile: _____

Direct #: _____ E-Mail: _____

I, _____, Acting Director/Interim Director/Director of the above-named agency, hereby delegate the following employee as the Labor Liaison for this Agency. This Labor Liaison shall be the principal point of contact for all collective bargaining and third party cases between the Agency and the Office of Labor Relations and Collective Bargaining.

LABOR LIAISON: _____

Effective Date: _____

Mailing Address: _____

Telephone:

Main #: _____ Facsimile: _____

Direct #: _____ E-Mail: _____