



MOP(S) ACT EMPLOYEES

AUTHORISATION TO EXERCISE POWERS

<p>Options for returning your completed form</p> <p>Post to: Ministerial and Parliamentary Services Department of Finance One Canberra Avenue FORREST ACT 2603</p>	<p>Enquiries: Ministerial and Parliamentary Services</p> <p>Email: mpshelp@finance.gov.au</p> <p>Phone: (02) 6215 3333</p>
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EMPLOYER DETAILS ▶ Employer name

AUTHORISED PERSON DETAILS

▶ Full name of the person being authorised ('the authorised person')

▶ Work email address of the authorised person (.gov.au email address)

REMOVAL OF AUTHORISATION

▶ Do you want to remove all of the authorised person's powers to authorise?
Yes ▶ Please sign and return this form. The authorisation will cease from the date the form is signed.

AUTHORISED POWERS

Note: This authorisation will replace all previous authorisations with respect to the authorised person named on this form.

This authorisation will take effect on the date the Senator or Member signs this form.

▶ Powers authorised (tick all that apply)

<input type="checkbox"/> Appoint/engage staff	<input type="checkbox"/> Terminate employment
<input type="checkbox"/> Approve temporary performance progression (higher duties)	<input type="checkbox"/> Approve leave/TOIL
<input type="checkbox"/> Withhold common salary increment due to unsatisfactory performance	<input type="checkbox"/> Appoint/engage staff
<input type="checkbox"/> Approve competency advancement	<input type="checkbox"/> Recommend studies assistance/ad hoc training
<input type="checkbox"/> Approve salary advancement	<input type="checkbox"/> Approve travel
<input type="checkbox"/> Allocate Electorate Staff Allowance	<input type="checkbox"/> View Senator or Member Budgets
<input type="checkbox"/> Approve relocation	<input type="checkbox"/> Access employee details

LIMITATIONS OF AUTHORISATION

▶

- The authorised person cannot exercise the authorised powers in respect of his or her self.
- The authorisation ceases to have effect if:
 - the authorised person's employment under the *Members of Parliament (Staff) Act 1984* with the Senator or Member named above ceases; and/or
 - the person who gave the authorisation ceases to hold office.
- The authorised person cannot exercise the powers until the original form is received by Ministerial and Parliamentary Services.

SIGNATURE OF AUTHORISED PERSON

▶ Specimen signature of the authorised person

SIGNATURE OF SENATOR OR MEMBER

Note: You must send the original form to Ministerial and Parliamentary Services.

▶ By signing this form, I acknowledge that:

- I authorise the person named to exercise the powers indicated above, subject to the above limitations.
- I understand that this authorisation replaces all the previous authorisations with respect to the authorised person named on this form.
- I will notify Ministerial and Parliamentary Services of any changes to this authorisation, if and when they occur.
- I understand that knowingly giving false or misleading information is a serious offence under the *Criminal Code Act 1995*.
- I have read and understood the Privacy Collection Notice (see below).

Signature of Senator or Member Date