

SECTION 1: DESIGNATION INFORMATION

NAME (First, Middle I, Last)

ORGANIZATION (Name and Code)

is hereby designated a Forms Manager for

The incumbent's responsibilities include providing guidance and assisting within their respective organizations, supporting applicable standards and processes, and coordinating activities with the DOE Forms Management Officer. This designation is effective on the date signed by the Approving Official, until canceled by the Approving Official or authorized alternate official.

To affect the designation, complete the following and submit the form to DOEForms@hq.doe.gov.

Approving Official Name

Digital Signature

Position Title

Organization (Name and Code)

To cancel the designation, complete the following and submit the form to DOEForms@hq.doe.gov.

Approving Official Name

Digital Signature

Position Title

SECTION 2: DESIGNEE CONTACT INFORMATION

Location (City, State)

Email Address

Phone Number

SECTION 3: DESIGNEE ACKNOWLEDGEMENT

I acknowledge my collateral duty appointment until canceled by the Approving Official or authorized alternate official. I will review applicable forms management procedures and guidance to help ensure my effectiveness in my collateral duty capacity.

Designee Digital Signature