

U.S. DEPARTMENT OF ENERGY Forms Manager Designation

SECTION I. Designation Information

Pursuant to [DOE Guide 242.1-2, Forms Management Guide](#), (Name) _____ is hereby designated a Forms Manager for (DOE Organization/Contractor Activity) _____.

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

Approving Official Name (<i>print</i>)	Signature	Date
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 (<i>print</i>)	Signature	Date
Position Title		

SECTION II. Designee Contact Information

Location (<i>City, State</i>)	
Email	Phone Number

SECTION III. 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 Signature	Date
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