COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
MANAGEMENT INFORMATION SYSTEMS

INDIVIDUALS AUTHORIZED TO SIGN STAFF APPOINTMENT AND TERMINATION RECORD FORM

Provider Number: _____

Name of Agency/Provider: _____

Address: _____
Street City State Zip

Telephone Number: _____
Area Code Number Extension

Program Director: _____
Print/Type

Program Director's Signature: _____

The following individual is authorized to sign Staff Appointment And Termination Record Forms submitted by the above name agency:

Name of Designee: _____
Print/Type

Signature of Designee: _____

Title: _____

Name of Alternate: _____
Print/Type

Signature of Alternate: _____

Title: _____

NOTICE: FAX WILL NOT be accepted. Original signatures are required.

Return completed form to: Department of Mental Health
CIO Bureau – End Users Support & Training
3160 West 6th Street, 2nd Floor
Los Angeles, CA 90020
Attn: Neisha Casasola