



HOST AGENCY AUTHORIZED SIGNATURE FORM

It is a requirement of the **DEPARTMENT OF LABOR** that Mature Services, Inc. has an Authorized Signature of all the Host Agency Supervisors and Alternates. This is updated every three years (or as changes occur at your agency).

NOTE: A new AUTHORIZED SIGNATURE FORM must be submitted along with a new HOST AGENCY SUPERVISION REPORT, IMMEDIATELY, as Supervisor changes occur. Participant time sheets without authorized signatures WILL NOT BE PROCESSED.

FOR PROGRAM YEAR:		, 20	TO	June 30, 2020	
HOST AGENCY SITE NAME:					
<i>SITE LOCATION: Complete if you have more than one site/location; AND complete one for EACH site/location;</i>					
Include complete address--		Number and Street			
City		State	OH	Zip	

Signature must be written, not printed.

a. Supervisor's SIGNATURE:					
Supervisor's TYPED or PRINTED Name:					
b. Supervisor's SIGNATURE:					
Supervisor's TYPED or PRINTED Name:					
c. Supervisor's SIGNATURE:					
Supervisor's TYPED or PRINTED Name:					
d. Supervisor's SIGNATURE:					
Supervisor's TYPED or PRINTED Name:					

THE FOLLOWING PEOPLE ARE ONLY AUTHORIZED TO SIGN PARTICIPANT TIME SHEETS WHEN THE DIRECT SUPERVISOR(S) LISTED ABOVE IS NOT AVAILABLE:

** NOTE: No Participant may sign another Participant's time sheet, ever.

Signature must be written, not printed.

1. Alternate Supervisor's SIGNATURE:					
Alternate's TYPED or PRINTED Name:					
2. Alternate Supervisor's SIGNATURE:					
Alternate's TYPED or PRINTED Name:					
3. Alternate Supervisor's SIGNATURE:					
Alternate's TYPED or PRINTED Name:					