



Government of the District of Columbia
 Department of Human Resources



AGENCY CREDENTIALING OFFICIAL DESIGNATION FORM

Date: _____

Add Designation

Remove Designation

Agency: _____

Type of Official

Human Resources

Access Rights

Deputy Director/Program Signatory Authority

Human Resources: May sign Employee Credential Request and Employee Replacement Credential Request forms for District government career, term, and temporary employees

Access Rights: May sign Access Rights Request forms authorizing electronic access rights for employees, contractors, interns, and volunteers
Deputy Directory/PSA:

May sign Non-Employee ID Credential Request forms and Non-Employee ID Credential Replacement Request forms for contractors, volunteers, and interns

Designation

[Must be a District government full-time employee (FTE)]

Name: _____

Title: _____

Email: _____

Phone: _____

Can grant access for (if limited to certain buildings) _____

If adding a designation, the designee must sign below:

Signature: _____

Date (DD/MM/YY): _____

AUTHORIZATION

(REQUIRED)

Agency Director: _____

Phone: _____

Signature: _____

Date (DD/MM/YY): _____