

ERIE COUNTY WATER AUTHORITY
AUTHORIZATION FORM
For Approval/Execution of Documents
(check which apply)

Contract:	Project No.:
Project Description: _____ AUTHORIZATION TO ADOPT REPORT OF RECORD AND RECOMMENDATION OF HEARING OFFICER JOHN DELMONTE AND TO TERMINATE EMPLOYEE FOLLOWING CIVIL SERVICE SECTION 75 HEARING	

Item Description:			
<input type="checkbox"/> Agreement	<input type="checkbox"/> Professional Service Contract	<input type="checkbox"/> Amendment	<input type="checkbox"/> Change Order
<input type="checkbox"/> BCD	<input type="checkbox"/> NYSDOT Agreement	<input type="checkbox"/> Contract Documents	<input type="checkbox"/> Addendum
<input type="checkbox"/> Recommendation for Award of Contract	<input type="checkbox"/> Recommendation to Reject Bids		
<input type="checkbox"/> Request for Proposals			
<input checked="" type="checkbox"/> Other	AUTHORIZATION TO ADOPT REPORT OF RECORD AND RECOMMENDATION OF HEARING OFFICER JOHN DELMONTE AND TO TERMINATE EMPLOYEE FOLLOWING CIVIL SERVICE SECTION 75 HEARING		

Action Requested:	
<input type="checkbox"/> Board Authorization to Execute	<input type="checkbox"/> Legal Approval
<input type="checkbox"/> Board Authorization to Award	<input type="checkbox"/> Execution by the Chairman
<input type="checkbox"/> Board Authorization to Advertise for Bids	<input type="checkbox"/> Execution by the Secretary to the Authority
<input type="checkbox"/> Board Authorization to Solicit Request for Proposals	
<input checked="" type="checkbox"/> Other	AUTHORIZATION TO ADOPT REPORT OF RECORD AND RECOMMENDATION OF HEARING OFFICER JOHN DELMONTE AND TO TERMINATE EMPLOYEE FOLLOWING CIVIL SERVICE SECTION 75 HEARING

Approvals Needed:		
APPROVED AS TO CONTENT:		
<input checked="" type="checkbox"/> Director of HR	<u>Jennifer Hibit</u>	Date: <u>1-30-2024</u>
<input checked="" type="checkbox"/> Chief Operating Officer	<u>[Signature]</u>	Date: <u>01/30/2024</u>
<input type="checkbox"/> Executive Engineer	_____	Date: _____
<input type="checkbox"/> Director of Administration	_____	Date: _____
<input type="checkbox"/> Claims Rep/Risk Manager	_____	Date: _____
<input checked="" type="checkbox"/> Chief Financial Officer	<u>[Signature]</u>	Date: <u>01/26/2024</u>
<input checked="" type="checkbox"/> Legal	<u>Mark Carney</u>	Date: <u>1/29/2024</u>
APPROVED FOR BOARD RESOLUTION:		
<input checked="" type="checkbox"/> Secretary to the Authority	<u>[Signature]</u>	Date: <u>1/30/2024</u>

Remarks: _____ _____

Resolution Date: _____	Item No: _____
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