ERIE COUNTY WATER AUTHORITY AUTHORIZATION FORM
For Approval/Execution of Board Meeting Documents

Requestor/Project Mgr.: _____ **Project No.:** _____

Document Name/Description: _____

Item Description: **Choose one:** Leave of Absence

Other: _____

Action Requested: **Choose one:** Board Approval

Other: _____

☐ ***If Applicable*, the MPO Amendment Form has been submitted to Central Purchasing.**

APPROVED AS TO CONTENT:

✓**Required Approvals:**

☐	Chief Financial Officer		Date:
☐	Chief Operating Officer		Date:
☐	Claims Rep. – Risk Manager		Date:
☐	Comptroller		Date:
☐	Director of Administration		Date:
☐	Director of Distribution		Date:
☑	Director of Human Resources		Date: 11/17/2026
☐	Director of Cybersecurity & IT		Date:
☐	Director of Planning & WS		Date:
☐	Director of Production		Date:
☐	Director of Water Quality		Date:
☐	Executive Engineer		Date:
☐	General Counsel (Legal)		Date:
☐	Sr. Director of Operations & Infra.		Date:
☐	Other:		Date:

APPROVED FOR BOARD RESOLUTION

Secretary to the Authority _____ Date: 11/17/2026

Remarks: _____

Resolution Date: _____ Item No: _____