Annex D

Constituent Authorization Form

Public Services and Procurement Canada Constituent Authorization Form	
DATE	REQUEST FROM Leanne Finlayson
PARLIAMENTARIAN Alistair MacGregor	TELEPHONE 250 746 2355
CONSTITUENT INFORMATION (ONE APPLICANT PER FORM)	
FAMILY NAME	GIVEN NAME
PRI	EMPLOYING DEPARTMENT
I, _____ hereby authorize my parliamentarian or Senator's Office to share my concerns regarding my Pay and Benefits with the Pay Administration Branch of PSPC to assist me in addressing my issues with Phoenix as soon as possible. Constituent signature _____ date:_____	
Description of the Pay and Benefits Issue(s):	