



Authorization and Direction Request

Participant Name: _____

Participant Agreement Number: _____

Client Services Officer: _____

I, the undersigned participant who is receiving funds through Employment and Training Services with the Department of Jobs, Growth and Rural Development and entered into an agreement on _____ between myself and the Government of Newfoundland and Labrador, hereby authorize and direct the Province to mail directly to _____ the sum of \$_____, which represents all or part of the contribution provided to me through the agreement for employment and training costs.

Dated this _____ day of _____

Client Service Officer

Participant

Note: Payee must be set up in FMS in order for funds to be redirected to them.