

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

<b>Contract:</b> <b>Project Description:</b> _____	<b>Project No.:</b> _____
Authorization to Grant a Leave of Absence to John Kuryak	

**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 <u>Leave of Absence</u>			

**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 type="checkbox"/> Other _____	

**Approvals Needed:**

**APPROVED AS TO CONTENT:**

<input type="checkbox"/> Director of HR	_____	Date: _____
<input type="checkbox"/> Chief Operating Officer	_____	Date: _____
<input checked="" type="checkbox"/> Executive Engineer		Date: <u>08/07/2023</u>
<input type="checkbox"/> Director of Operations	_____	Date: _____
<input type="checkbox"/> Claims Rep/Risk Manager	_____	Date: _____
<input type="checkbox"/> Chief Financial Officer	_____	Date: _____
<input type="checkbox"/> Legal	_____	Date: _____

**APPROVED FOR BOARD RESOLUTION:**

<input checked="" type="checkbox"/> Secretary to the Authority		Date: <u>8-7-2023</u>
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**Remarks:** \_\_\_\_\_

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<b>Resolution Date:</b> _____	<b>Item No:</b> _____
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