

### PART 6—Designation of Representative

Complete this part to designate an organization or a person who has agreed to represent you in your appeal before the Board. **If you are representing yourself, do NOT complete this part.** By designating a representative, you agree to allow the Board to give your representative all information concerning the appeal. **Any changes of this designation must promptly be sent in writing to the MSPB office handling the appeal and to the other party. See [5 C.F.R. 1201.31](#).**

34. Do you wish to designate an individual or organization to represent you in this proceeding before the Board? (You may designate a representative at any time. However, the processing of your appeal will not normally be delayed because of any difficulty you may have in obtaining a representative.)

Yes (*Complete the information below and sign*)

No

#### DESIGNATION:

"I hereby designate \_\_\_\_\_ to serve as my representative during the course of this appeal. I understand that my representative is authorized to act on my behalf. In addition, I specifically delegate to my representative the authority to settle this appeal on my behalf. **I understand that any limitation on this settlement authority must be filed in writing with the Board.**

Representative's address (*number and street, city, State and Zip code*).

Address:

City, State, Zip code:

Representative's telephone numbers (*include area code*) and e-mail address:

Office:

FAX:

Other:

E-mail address:

#### SIGN BELOW TO MAKE YOUR DESIGNATION OF REPRESENTATIVE EFFECTIVE

\_\_\_\_\_  
Appellant's Signature

\_\_\_\_\_  
Date