



Authorization and Direction Request

Client Name (please print)	Client Services Officer (please print)
Client Agreement Number	

I, the undersigned Participant who is receiving funds through Employment and Training Services with the Department of Immigration, Population Growth and Skills 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 _____
Month /Year

Client Service Officer

Participant

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

November 2020