

**Louisiana Workforce Commission  
 UI Tax Liability and Adjudication  
 Employer Authorization of Designated Representative/ Power of Attorney  
 Please Fax completed form to (225) 346-6073**

EMPLOYER NAME	STATE UI NO.		FEDERAL ID NO.
DBA NAME			TELEPHONE
ADDRESS	CITY	STATE	ZIP CODE

This written authorization shall serve to notify the Louisiana Workforce Commission that the above named employer hereby appoints and designates the following named individual or entity as its representative. If no agent is designated, all correspondence will be sent to the employer.

**Add agent account**

Agent Name: <b>ACUMEN FISCAL AGENT</b>	Contact Person <b>SUNNY HUDSON</b>
Address <b>5416 E BASELINE RD STE 200</b>	
City <b>MESA</b>	State <b>AZ</b>
	Zip <b>85206</b>

This written authorization shall serve to notify the Louisiana Workforce Commission that the above named employer hereby revokes the following named individual or entity as its representative. If no agent is designated above, all correspondence will be sent to the employer.

**Revoke existing employer**

Agent Name	Contact Person
Address	
City	State
	Zip

Employer designated agent to specifically transact any and all business between this named employer and LWC and to do any and all acts necessary in connection with the below matters of the unemployment in the state of Louisiana as follows:

Tax matters (all automated forms and notices)

Benefit matters (all automated forms and notices)

This authorization further authorizes the above named representative to submit the request to LWC for information on behalf of the named employer to the extent to which such employer has a right to access in regard to the designated above matters.

The designated representative agrees to restrict access to any unemployment compensation information provided by LWC to specifically authorize personnel and to instruct such personnel as to the confidentiality of such data. The provided information shall be used and safeguarded by the representative solely for the specific purpose authorized by the agent contact, and shall not be stored for resale. All employees or personnel of the representative shall be subject to the same sanctions and penalties for violation of confidential requirements as would employees of the state agency. The representative agrees to bear all the costs arising from any claims for any unauthorized use of such employer information.

This authorization additionally serves to revoke any prior authorization in regard to the same matters designated above and shall remain in full force and effect until and unless written notice is provided by the above named employer or agent to LWC. This authorization shall be executed in triplicate original one of which shall be retained by the above named employer, one by the representative, and one by LWC and shall become effective within five (5) working days of the date of receipt by LWC.

Signature of Owner/Partner/Corporate Officer	Print or Type Name and Title	Date
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