

Department of Labor and Industrial Relations
Workforce Development Division
HELE IMUA STATE OF HAWAI'I INTERNSHIP PROGRAM

AUTHORIZED SIGNATORY CONSENT

I _____ (Name of Host Agency's Authorized Signatory) , am the Authorized Signatory of the Hele Imua Internship Experience Training Agreement between _____ (Host Agency Name) and the Department of Labor and Industrial Relations, Workforce Development Division. I authorize the following individuals listed below to act on my behalf for matters regarding the supervision, training, and management of the Hele Imua Interns assigned to worksite(s) in my organization/agency.

Name	Position Title	Contact Information: (Phone Number, Email)

By signing below, I acknowledge that the information provided here is true and accurate. This consent is valid for as long as the Internship Training Agreement is in effect or until a new consent is submitted to supersede this consent.

Signature of Authorized Signatory

Date

Name of Authorized Signatory