GOVERNMENT OF THE DISTRICT OF COLUMBIA

OFFICE OF EMPLOYEE APPEALS



REPLY TO: 955 L'Enfant Plaza, S.W. Suite 2500 Washington, DC 20024 (202)727-0004 FAX (202)727-5631

DESIGNATION OF AGENCY REPRESENTATIVE

- 1. An Agency may be represented by an individual of its choice in any appeal filed with OEA unless that choice results in a conflict of interest the person chosen. When the Agency chosen. When the Agency choses a representative, the Agency should make sure that the representative is able to proceed on behalf of the Agency, so that a timely decision can be issued.
- 2. The Agency Representative assists and counsels the Agency in the preparation and presentation of the Agency's defense to appeal. The Agency Representative appears on behalf of Agency during Pre-hearing Conference, Hearing, Status Conferences, or other proceedings before OEA.
- 3. All communication from OEA, and from other parties to the appeal, will be directed to the Agency Representative. Therefore, the Agency should ensure that mail directed to the address listed below will be promptly received by the Agency Representative.
- 4. The Agency may cancel this designation at any time. However, the cancellation must be in writing and copies must be sent to all parties by either certified mail or personal delivery.
- 5. If the Agency chooses to designate an Agency Representative, this form must be completed in its entirety, and submitted to OEA along with the Agency's formal response to the Employee's Petition of Appeal.
- 6. Effective Jan 1, 2024 all Initial Decisions and Opinions and Orders will be electronically sent to all parties via oea.filing@dc.gov. If no email address is on record, all decisions will be sent via regular postage mail.

The individual named below is hereby designated to represent this Agency in connection with the appeal referenced below. The individual named below is designated to receive all correspondence and information, concerning the appeal, from OEA and from all parties to the appeal.

OEA Docket No.:

Name of Employee/Petitioner		Name of Agency
Agency Representative	Email	Telephone No.
Address		
City	State	Zip Code
Signature of Agency Director		Date