TASK AUTHORIZATION FORM

Contract No.: _____
Task Authorization No.: _____

Start of the Work for a Task Authorization: Work cannot commence until a Task Authorization has been authorized in accordance with the Contract.

TASK DESCRIPTION		
Nursing Station	**Date(s) Required**	**Name of Nurse(s)**

By signing this Task Authorization, HC and (or) the PWGSC Contracting Authority certify(ies) that the content of the Task Authorization is in accordance with the conditions of the Contract.

HC's authorization limit is identified in the Contract. When the value of a Task Authorization and its revisions is in excess of this limit, the Task Authorization must be forwarded to the PWGSC Contracting Authority for authorization.

HC Nurse Manager
Name: _____
Signature: _____
Date: _____

Contractor's Representative
Name: _____
Signature: _____
Date: _____

PWGSC Contracting Authority
Name: _____
Signature: _____
Date: _____