



## Employer Authorization

\_\_\_\_\_ ("**Employer**") does hereby authorize Employer's Advocate Services (a division of Vocational Trends, Inc.) to act on behalf of Employer in the administration of Workers' Compensation Claims brought by Employees of said Employer and to assist in gathering records and information and in coordinating decisions of Employer with respect to its Employees including but not limited to their employment, job classification, disability and re-classification issues.

Date: \_\_\_\_\_

\_\_\_\_\_  
Employer Representative Signature

\_\_\_\_\_  
Please "Print" Representative Signature and state Position Held in Company

**Please fax authorization form to:  
Employers Advocate Services  
Attn: Steven Pappas  
Fax (805) 693-8633**