

PART B – LINE MANAGER SECTION

Contact details

Title _____ Surname: _____ First Name: _____

Agency: _____ Position: _____

Work postal address: _____

Work telephone number: () _____ Work fax: () _____

E-mail: _____

Please indicate your reasons for supporting this application

I fully support the applicant's secondment to the Legislative Council, NSW Parliament

Signature of Line Manager

Date

PART C – CEO SECTION

My agency fully supports and endorses the applicant's secondment to the Legislative Council for the Spring 2008 sitting of Parliament. I agree that my agency will continue to meet the salary costs of the secondee while they are on secondment.

Signature of CEO

Date

Print name

Forward Details

Please note all applications close on Friday 8 August 2008

Please forward this application to:

Clerk of the Parliaments
Legislative Council
Parliament House
Macquarie Street
SYDNEY NSW 2000



LEGISLATIVE COUNCIL