



Office of Congressional Workplace Rights Notice of Designation of Representative Form

Employee name(s): _____

Employing office: _____

OCWR Case no. (if any): _____

Instructions

A party wishing to be represented by an entity, a firm, or a different individual must file this written Notice of Designation of Representative Form with the Office of Congressional Workplace Rights (OCWR). Only one person, firm, or other entity may be designated as a representative for a party for the purpose of receiving service, unless the hearing officer assigned to the case or the OCWR Executive Director approves a written request to have more than one representative. A representative may be, but is not required to be, an attorney. If the representative is an attorney, he or she may sign this Notice of Designation of Representative Form on behalf of the party.

The individual or entity listed as the designated representative shall remain in that capacity and stay on file at the OCWR unless or until the represented party—or the representative with notice to the party—informs the OCWR Executive Director in writing that this designation is modified or revoked. All service of documents shall be sent to the designated representative unless or until such time as the represented party—or the representative with notice to the party—specifies otherwise and informs the Executive Director in writing that the designation of representative has been modified or revoked.

Please complete the next page of this form and submit it to the OCWR by one of the following methods: email (OCWRfile@ocwr.gov), fax (202-426-1913), or hand-delivery to the Library of Congress, John Adams Building, 110 Second Street, SE, Room LA-200, Washington, DC 20540.

Office of Congressional Workplace Rights
110 Second Street, SE, Room LA-200 | Washington, DC 20540-1999
(202) 724-9250 (O) | (202) 426-1913 (F)

www.ocwr.gov

Notice of Designation of Representative

I designate the following as my representative in connection with the above-referenced matter:

Name of representative: _____

If a law firm or legal office is the representative, please list the specific name(s) of the attorney(s) at the firm or office who are representing you:

Preferred phone no.: _____ Ext.: _____

Secondary phone no.: _____ Ext.: _____

Fax: _____

Email: _____

Mailing address:

Has a claim already been filed with the OCWR in this matter? Yes No

Name of person making the designation:

Signature

Date