



ST. LOUIS LIVING WAGE ORDINANCE

DEPARTMENTAL LIVING WAGE LIAISON DESIGNATION FORM

To be completed by Departmental Director, Agency Head, or Elected Official

Return within five (5) business days of receipt to:

City Compliance Official, Living Wage Compliance Office, St. Louis Airport Authority

DEPARTMENT/AGENCY NAME:

TO: City Compliance Officer, St. Louis Living Wage Program

As the individual responsible for the operation of the above-referenced Department or Agency, I hereby appoint the following individual within the Department or Agency as the Departmental Living Wage Liaison. I have provided this individual with a copy of the Living Wage Procedures manual, and both I and he or she understand his or her responsibilities under the St. Louis Living Wage Regulations and the St. Louis Living Wage Ordinance. If this individual ceases to be employed by this Department or Agency for any reason, I will appoint another individual to this position and immediately advise you of this action.

I have provided a copy of this appointment form to the individual appointed as Living Wage Liaison and to all staff involved in procurement.

DEPARTMENT/AGENCY DIRECTOR:

_____ (Signature)

NAME: _____

DATE: _____

DEPARTMENTAL LIVING WAGE LIAISON APPOINTMENT:

NAME: _____

TITLE: _____

MAILING ADDRESS: _____

DIRECT TELEPHONE NUMBER: _____ **EXT.** _____

CELL PHONE NUMBER: _____

FAX NUMBER: _____

E-MAIL ADDRESS: _____