



## Developmental Disabilities -- Attestation of the Agency Director

The minimum responsibilities of the agency's Director are specified below. My signature indicates that I have read these responsibilities, discussed them with (Owner or CEO)

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Name of Agency Owner or CEO

I agree that I will be employed by this agency and accountable for meeting each of these requirements. I also agree that I have reviewed my resume submitted by this agency and agree that it accurately reflects both my education and experience.

**Duties of the Agency Director include, but are not limited to:**

Overseeing the day-to-day operation of the agency;

Managing the use of agency funds;

Ensuring the development and updating of required policies of the agency;

Managing the employment of staff and professional contracts for the agency;

Designating another agency staff member to oversee the agency in my absence.

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Signature

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Date

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Printed Name