



ESOAO
04/24



Authorised approving officer

This section must be completed to delete, amend or nominate an authorised approving officer/s on behalf of an agency. Please note:

- The officer/s detailed below will be the only authorised person on behalf of the agency to supply us with any notice and information required to facilitate the administration of the ESO system.
- The officer/s detailed below will be the only person/s able to authorise the Employer services online registration request/amendment to user details form for the agency listed above.
- It is the officer/s listed below responsibility to advise us if any circumstances change, including adding or removing another authorised approving officer/s.

Authorised approving officer one

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other	<input type="text"/>
Surname	<input type="text"/>					
Given name(s)	<input type="text"/>					
Position	<input type="text"/>					
APS level	<input type="text"/>					
Date of birth	<input type="text"/> ^D <input type="text"/> ^D	/	<input type="text"/> ^M <input type="text"/> ^M	/	<input type="text"/> ^Y <input type="text"/> ^Y <input type="text"/> ^Y <input type="text"/> ^Y	
Work email address	<input type="text"/>					
	@ <input type="text"/>					
Address	<input type="text"/>					
	<input type="text"/>					
	<input type="text"/>				<input type="text"/>	<input type="text"/>
	<input type="text"/>				<input type="text"/>	<input type="text"/>
Phone	<input type="text"/>		<input type="text"/>		<input type="text"/>	
	<input type="text"/>		<input type="text"/>		<input type="text"/>	
	<input type="text"/>		<input type="text"/>		<input type="text"/>	



Sign

Signature
<input type="text"/>

Date signed

<input type="text"/> ^D <input type="text"/> ^D	/	<input type="text"/> ^M <input type="text"/> ^M	/	<input type="text"/> ^Y <input type="text"/> ^Y <input type="text"/> ^Y <input type="text"/> ^Y
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Authorised approving officer two

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
Surname	<div style="border: 1px solid black; width: 150px; height: 20px;"></div>
Given name(s)	<div style="border: 1px solid black; width: 150px; height: 20px;"></div> <div style="border: 1px solid black; width: 150px; height: 20px;"></div>
Position	<div style="border: 1px solid black; width: 150px; height: 20px;"></div>
APS level	<div style="border: 1px solid black; width: 150px; height: 20px;"></div>
Date of birth	<div style="display: flex; align-items: center;"> <div style="text-align: center;"> <small>D D</small> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="margin: 0 5px;">/</div> <div style="text-align: center;"> <small>M M</small> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="margin: 0 5px;">/</div> <div style="text-align: center;"> <small>Y Y Y Y</small> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> </div>
Work email address	<div style="border: 1px solid black; width: 150px; height: 20px;"></div> <div style="display: flex; align-items: center;"> @ <div style="border: 1px solid black; width: 120px; height: 20px;"></div> </div>
Address	<div style="border: 1px solid black; width: 150px; height: 20px;"></div> <div style="border: 1px solid black; width: 150px; height: 20px;"></div>
	<div style="display: flex; justify-content: space-between;"> <div> <small>Suburb</small> <div style="border: 1px solid black; width: 120px; height: 20px;"></div> </div> <div> <small>State</small> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> <div> <small>Postcode</small> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> </div>
Phone	<div style="display: flex; justify-content: space-between;"> <div> <small>Business hours</small> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 60px; height: 20px;"></div> </div> <div> <small>After hours</small> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 60px; height: 20px;"></div> </div> </div> <div style="margin-top: 5px;"> <small>Mobile number</small> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>



Sign

Signature

Date signed

D D

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M M

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Y Y Y Y

Authorised approving officer three

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other	<input type="text"/>
Surname	<input type="text"/>					
Given name(s)	<input type="text"/>					
Position	<input type="text"/>					
APS level	<input type="text"/>					
Date of birth	<input type="text"/> ^D <input type="text"/> ^D	/	<input type="text"/> ^M <input type="text"/> ^M	/	<input type="text"/> ^Y <input type="text"/> ^Y <input type="text"/> ^Y <input type="text"/> ^Y	
Work email address	<input type="text"/>					
	@ <input type="text"/>					
Address	<input type="text"/>					
	<input type="text"/>					
	Suburb <input type="text"/>				State <input type="text"/>	Postcode <input type="text"/>
Phone	Business hours <input type="text"/>		<input type="text"/>		After hours <input type="text"/>	<input type="text"/>
	Mobile number <input type="text"/>		<input type="text"/>			



Sign

Signature
<input type="text"/>

Date signed	
<input type="text"/> ^D <input type="text"/> ^D	<input type="text"/> ^M <input type="text"/> ^M / <input type="text"/> ^Y <input type="text"/> ^Y <input type="text"/> ^Y <input type="text"/> ^Y

Authorised approving officer four

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other	<input type="text"/>				
Surname	<input type="text"/>									
Given name(s)	<input type="text"/>									
Position	<input type="text"/>									
APS level	<input type="text"/>									
Date of birth	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Work email address	<input type="text"/>									
	@	<input type="text"/>								
Address	<input type="text"/>									
	<input type="text"/>									
	<input type="text"/>				State	<input type="text"/>	Postcode	<input type="text"/>		
Phone	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>			
	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>			
	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>			



Sign

Signature

Date signed

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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How can I get more information?



EMAIL employer.service@csc.gov.au

PHONE 1300 338 240

FAX 02 6275 7010

MAIL Employer Service
GPO Box 2252
Canberra ACT 2601

WEB csc.gov.au

End Form



Email
employer.service@csc.gov.au



Phone
1300 338 240



Fax
(02) 6275 7010



Post
Employer Service
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Canberra ACT 2601



Web
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