GA DOL ACCOUNT NO. _____

FOR DEPARTMENT USE ONLY

EMPLOYEE LEASING COMPANY'S POWER OF ATTORNEY

WHEREAS,		, an employer liable under
the Employment Security Law, has ele	(employer) ected under OCGA Section 34-8-32 and 3- nd report all leased employees as its own em	
tributions monthly, and		
	urther elected under OCGA Section 34-8-172 e cash deposit or surety bond required by thi	
WHEREAS,		, has purchased in its own
	(employer)	, neo parenacida in ne cim
name	(Give full description of Security)	
of total value of \$ surety bond; and	for the purpose of substitutin	ng for the above described cash deposit or
WHEREAS, these securities	along with a copy of this Power of Attorn	ney properly executed will be deposited
in the		
	(Name and Address of Bank)	
for safekeeping.		
NOW, THEREFORE, pursuant	to the terms of the Employment Security Lav	N:
KNOW ALL MEN BY THESE P	RESENTS, that the undersigned officer of th	1e
	,pursu	uant to authority granted him or her to act
(emple	oyer)	
on behalf of	(employer)	, hereby constitutes and
appoints the Georgia Department of La	bor the true and lawful Attorney in Fact for _	
	to act in its place	e and stead, as follows:
(employer)	·	
In the event of default by		, the
	(employer)	, the
writing and pursuant to the terms of the redemption the obligor Bank shall be au	nd empowered to give notice of redemption of Security and the Rules and Regulations of uthorized and directed to redeem said Securi Georgia Department of Labor for application	their issue, upon receipt of which notice of ity pursuant to the terms thereof and to pay

This Power of Attorney, being coupled wi		the Emplo	oyment Sec	urity Law, shall be irrevocable
	(employer)			
as long as said employer has made the electron force as long as any obligations remain due	ction described			
by both(emp				and the Attorney in Fact and
written proof thereof to obligor Bank. The obligor Bank proper application of funds that are forwarded to the				all be under no obligation for the
IN WITNESS WHEREOF,				, has hereunto
	(employer)			
set its official hand and seal this	day of		, 20	
			(Employer)	
ATTEST:			(p.ojo.)	
	BY			
		(Sig	gnature of Offic	cer)
	(Person who is authorized to sign this Power of Attorney must attach proper authorization to sign for the named employer.)			
NOTICE OF RECEIPT OF SECURITY BY DEPOSIT	ORY BANK:			
Receipt of securities described herein is hereby acknown is received from the Attorney in Fact.	nowledged and su	ich security	/ will not be r	eleased unless written authority

(Date)

(Signature of Bank Official)

(Title)

If you have any questions with respect to this form, call (404) 232-3310.