

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control No. _____ Department or Agency: Department of Labor
Rule No. 480-4-2-.25
Rule Title: Agents, Other Individuals or Firms Representing Employers in Unemployment Compensation Matters
_____ New X Amend _____ Repeal _____ Adopt by Reference _____

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety? _____ NO _____

Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare? _____ NO _____

Is there another, less restrictive method of regulation available that could adequately protect the public? _____ NO _____

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree? _____ NO _____

Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule? _____ NO _____

Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? _____ YES _____

Does the proposed rule have an economic impact? _____ NO _____

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama 1975.

Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975, and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Reference Service.

Signature of certifying officer ____/s Stephen McCormick_____

Date 8-21-13_____

APA-2
07/04

Department of
Labor

NOTICE OF INTENDED ACTION

AGENCY NAME: DEPARTMENT OF LABOR

RULE NO. & TITLE: 480-4-2-.25 Agents, Other Individuals Or Firms
Representing Employers In Unemployment Compensation Matters

INTENDED ACTION: Amendment

SUBSTANCE OF PROPOSED ACTION: The amendment gives proper
procedure for filing a power of attorney to represent business
interests in Unemployment Benefit and Tax matters.

TIME, PLACE, MANNER OF PRESENTING VIEWS: All interested persons
may submit data, views, or arguments in writing to Stephen
McCormick, Department of Labor, 649 Monroe Street, Montgomery,
Alabama 36131 by mail or in person between the hours of 8:00 am
and 4:30 pm, Monday through Friday until and including October
07, 2013. Persons wishing to submit data, views or arguments
orally should contact Stephen McCormick by telephone at (334)
242-8274 during this period to arrange an appointment.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE: October 07,
2013

CONTACT PERSON AT AGENCY:

Stephen McCormick
Department of Labor
649 Monroe Street
Montgomery, AL 36131
Telephone: (334) 242-8274

_____/s Stephen McCormick_____
Stephen McCormick
Director, Governmental Affairs

ALABAMA DEPARTMENT OF LABOR
UNEMPLOYMENT COMPENSATION
ADMINISTRATIVE CODE

CHAPTER 480-4-2
TAX

480-4-2-.25 Agents, Other Individuals Or Firms Representing
Employers In Unemployment Compensation Matters.

(1) An agent, tax practitioner, accounting firm, attorney, or any other firm or individual that represents or intervenes on behalf of an employer in any unemployment compensation matter shall have on file with this department:

- (a) A notarized Power of Attorney, or
- (b) A letter of documentation from the employer.
- (c) These documents must contain the following:

1. The employer's full trade name, address and assigned account number.
2. The name and address of the agent or firm representing the employer. If an employer or a representative of a firm is covered by Alabama law, the assigned account number shall be included.
3. A statement that such agent or firm is duly authorized to represent the employer. If not a general authorization, the limitation of authority or the areas or activities covered by the authorization must be stated.
4. The signature of the employer.

(2) The Power of Attorney should be signed and dated within the last twelve (12) months upon receipt by the Department.

In the event that the power of attorney is beyond the twelve (12) month period requested, the employer may indicate an existing relationship between the employer and the agent or firm representing the employer by written letter to the Department of Labor. The letter must be written on company letterhead, signed by a corporate officer or sole proprietor, must state the agent or firm is authorized to represent the employer in both benefit and/or tax matters, and must be accompanied by the original power of attorney.

~~(d)~~(2) The document will be kept on file in the department and should the authorization be revoked or changed for any reason, the department is to be notified immediately.

Author: Jo Doyal, Experience Rating Section

Statutory Authority: Code of Ala. 1975, §25-2-7, 25-2-8 and 25-4-111

History: September 30, 1982. Filed August 21, 2013.