

TO: Office of Human Resources
225 Corbett Hall

FROM: _____
Department

DATE:

RE: **Delegation of Authority**

I, _____ delegate my authority to _____
(person responsible for account) (delegated person)

to sign **his/her** name for approving the personnel transactions listed below:

- ___ Personnel Action Forms
- ___ Sabbatical Forms
- ___ Unpaid Leave of Absence Forms
- ___ Classified Request to Fill Forms
- ___ Mutual Reduction of Work Schedule
- ___ Advance of Sick Leave
- ___ Part-Time Temporary Faculty Reports

X _____
(Signature of responsible person)

X _____
(Signature of person being assigned authority)

(Indicate time frame, if any)

(Specify account # (s), if any)

DO YOU WISH TO ELIMINATE ANY PRIOR DELEGATED SIGNATURE AUTHORITY?

___ NO ___ YES (If so, please list name and reason) _____

If there are any changes in personnel, you will be responsible for sending a new delegation of authority form to this office. Please note, if the person you report to is delegating authority to you, you may not approve any financial disbursements for that individual or yourself.