



Delegation of Authority Form

*All delegations of authority governed by this policy are considered in effect for a period of no more than three years unless otherwise specified and may be revoked or modified at any time by the delegator.

Date

Person Delegating Authority:

Title:

Employee Name:

Title:

Department:

Division:

College:

Phone:

Email:

Signature of Delegating Authority

Note: The delegation must include (1) a specification of the scope, terms, and limitations of the delegation; (2) the contract or types of contracts the delegate is authorized to sign; and (3) the duration of the delegation, not to exceed the maximum limit.

Type of delegation and limits: