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:

Please submit form to the Office of General Counsel at gcounsel@ucf.edu