



Delegation of Authority Form

*All delegations of authority governed by this policy are considered in effect for a period of three years unless otherwise specified and may be revoked or modified at any time by the delegator.

Date

Delegating Authority

Who is Delegating the Authority? _____

What is the title of the person delegating authority? _____

Information about the Delegate

Employee Name: _____

Title: _____

Department: _____

Division: _____

College: _____

Phone: _____

Email: _____

Signature of Delegating Authority

Parameters of Delegation

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, up to three years.

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

The department is required to maintain the original copy of this form and to update authorities as required by UCF Policy 2-107.3.