



UNIVERSITY OF CENTRAL FLORIDA

**Office of the General Counsel**

## 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.