



Delegation of Signing Authority - Human Resources

Effective Date:

- Current Authority
- Add Authority
- Delete Authority *

Department

Department Name

Department Number

Dean/Chair/Director Authorization

I hereby delegate authority to the following individual to authorize the following:

Dean/Chair/Director Name (Print or Type)

Employee Number

Dean/Chair/Director Signature

Title

Date

Delegation of Authority (1):

Delegate Name (Print or Type)

Employee Number

Delegate Signature

Title

Date

Delegation of Authority (2):

Delegate Name (Print or Type)

Employee Number

Delegate Signature

Title

Date