

## **Delegation of Authority**

☐ New ☐ Modify/Upda	te				
Division Name:		Request Date:			
Contact Name:  Contact Email:		Contact Phone:			
		Banner Index#			
Timesheets (Authority may and post-retirement agreem should only be granted to did in the following table plea	Approving: Invoices, Purchase not be delegated for employmments, additional compensation vision heads and those individuals who are (including the division director):	ent contracts, lette forms, conflict of in als with budget and end authorized to ap	ers of hire, le interest discl expenditure	tters of appointnosures, or timeshores, or timeshores, or timeshores, or timeshores.	nent, retirement neets.) Authority
Name of Delegate	<u>Position</u>	Banner ID	<u>Index</u>	\$ Threshhold	HR Delegation
					☐ Yes ☐ No
					Yes No
					☐ Yes ☐ No
					Yes No
If more space is needed, plea	se attach additional sheets.				1
By delegating signature auth	nority to an approver the division	n director / dean at	tests to the f	ollowing:	
University's policy on Dele  The division director/dear transactions. Such contro	n has implemented appropriate on the bls might include segregation of the bloyee personnel and payroll tran	controls and review he reconciliation an	processes to	maintain account	ability for all etailed review of
Signature of approver indica	ting willingness to accept delega	ated authority:			
				Date:	
	(Pr	int Name)			
		Contract of the second		Date:	
Authorization:	(Pr	int Name)			