

TEMPORARY DELEGATION AUTHORITY FORM

The Designated Individual must ensure the person receiving the sub-delegation authority understands the scope of their authority, responsibility, and accountability.

Instructions: All sub-delegation (end date, inclusive)

	<input type="checkbox"/>	
	<input type="checkbox"/> decision	to Choose One
	<input type="checkbox"/> Other: Please provide an explanation	
Delegated To	Position:	
	Name:	
APPROVAL		

I have read the