# Delegation of Policy Authority

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| *Complete all sections of this form. The original is placed in the delegate’s personnel file. The delegate is provided a copy of the completed form.* |

### Individual and title to which policy authority is delegated:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Term of Authority:

Beginning on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_ ending on \_\_\_\_\_\_\_\_\_\_\_\_\_\_ , \_\_\_\_\_\_\_.

### Scope of Policy Authority:

No further authority may be implied from this delegated policy authority. Further delegation of this authority is [prohibited allowed] *(choose one).*

This delegation is effective only when signed by the Director.

### Authority delegated by:

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director of Enterprise Services

Date: