



# UNIVERSITY OF CALGARY

## TEMPORARY DELEGATION OF 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-delegations shall be submitted to [commercial.legal@ucalgary.ca](mailto:commercial.legal@ucalgary.ca).

DELEGATION	
<b>Duration of Delegation</b>	From: _____ To: _____ <i>(start date)</i> <i>(end date)</i>
<b>Nature of Delegation</b>	<b>General:</b> All authority associated with the <b>Specific:</b> Authority related to decision <b>Other:</b> Please provide an explanation
<b>Delegated To</b>	<b>Position:</b> _____
	<b>Name:</b> _____
APPROVAL	
I have read the Delegation of Authority Policy and in accordance with that policy, I do hereby delegate authority as outlined above	
_____	_____
(Signature of Designated Individual)	(Date)
_____	_____
(Please print name and title)	(Date)
_____	_____
(Signature of Delegated Individual)	(Date)
_____	_____
(Please print name and title)	(Date)
Search for applicable sub-delegation <a href="#">here</a>	
<b>Retention:</b> This form is to be stored by both the Designated Individual and the Office of the General Counsel and is to be made available if required by Internal Audit and/or Financial Services.	