



**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.

DELEGATION		
Duration of Delegation	From: _____ <i>(start date)</i>	To: _____ <i>(end date, inclusive)</i>
Nature of Delegation	<input type="checkbox"/> General: All authority associated with the _____ Choose One <input type="checkbox"/> Specific: Authority related to decision _____ Choose One <input type="checkbox"/> Other: Please provide an explanation _____	
Delegated To	Position: _____	
	Name: _____	
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 here		
Retention: 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.		