

Minnesota State Colleges and Universities

Delegation/Rescindment of Authority Instructions

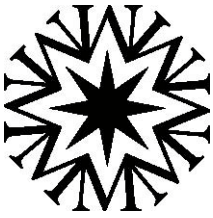
MnSCU Form #016

Minnesota
STATE COLLEGES
& UNIVERSITIES

Special Notes:

- 1) Print pages 2 and 3 using the “Page Range, Pages 2-3,” “Print on both sides” and “Flip on long edge” features to print formal delegation document to one sheet of paper and assure it is printed for filing in a binder.
- 2) If additional page(s) is/are required to add additional authority and/or provide detail, add blank page, identify with names of employee and delegating authority, and staple to primary document in upper left corner before submitting to the Office of the Chancellor.

1. Identify the employee’s college or university.
2. Print the first and last names and working title of the employee to whom authority is being delegated or being rescinded. This individual will sign the form in #6, Signatures, at the bottom of page 2.
3. Print the first and last names and working title of the employee delegating or rescinding the specified duties and/or powers. This individual will sign the form in #6, Signatures, at the bottom of page 2.
4. Check one box to either delegate duties and/or powers **or** to rescind all delegated duties and/or powers authorized by a previous delegation.
 - a. **A new Delegation of Authority document must be issued within 30 calendar days if/when:**
 - i. a newly-hired person is being delegated authority; or
 - ii. a current employee is being delegated authority for the first time; or
 - iii. a delegated employee’s working title changes; or
 - iv. a delegated employee’s authority changes; or
 - b. **The institution’s president changes.**
 - c. **A Delegation of Authority must be rescinded within 30 calendar days when an employee to whom authority was delegated is terminated or leaves active employment.**
5. The Delegating/Rescinding Authority is required to check one or more boxes to identify the duties and/or powers being delegated and identify specific information on page 3.
6. Signatures
 - a. The employee identified in #2, Employee Name, is required to sign and date the form in blue or black ink. Electronic signatures will not be accepted.
 - b. The employee identified in #3, Delegating/Rescinding Authority, is required to sign and date the form in blue or black ink. Electronic signatures will not be accepted.
7. Document Filing and Retention
 - a. A college or university employee shall be designated by the president to be responsible for managing and monitoring the delegations of authority for employees of the college or university. This includes maintaining official files of all delegations of authority and conducting periodic audits of all delegations to ensure that they are updated as necessary.



Minnesota State Colleges and Universities

Delegation/Rescindment of Authority

**Minnesota
STATE COLLEGES
& UNIVERSITIES**

This document is a public record and available for public inspection.
Please read instructions before completing form.

1. Institution (College/University)

(Please print)

2. Employee Name

Title

(Please print)

3. Delegating/Rescinding Authority

Title

Richard A Hanson

President

(Please print)

Delegation of Authority is granted pursuant to Board Policy 1A.3, Part 4 and is conditioned upon ongoing compliance with and subject to the limitations in Board policies, System procedures, institution policies, applicable statutes and law, and applicable regulations and policies of the Departments of Administration, Employee Relations and Finance. In exercising this authority, incurring obligations which exceed the fiscal year allocation will be in violation of Minnesota Statute §16A.15, subd. 3. If delegation is authorized in Section 4 below, such delegation rescinds any and all prior delegations of authority previously filed.

4. Selected Action

Delegate Authority

Rescind Authority

I hereby delegate the powers and/or duties listed in No. 5 to the employee named above effective:

I hereby rescind all delegations previously authorized to the employee named above effective:

(Month/Day/Year)

(Month/Day/Year)

5. Delegated Powers and Duties (designate all that apply) Provide details on page 3

Contracts and Amendments

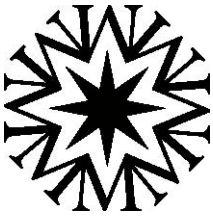
Purchasing and Procurement

Other

6. Signatures and Date (document signed)

Employee

Authority Delegating/Rescinding



Minnesota
STATE COLLEGES
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Delegation of Authority

Employee Name: _____

Delegating Authority: Richard A. Hanson

Date: _____

Delegated Duties and Powers

Check all that apply and identify dollar limitation, i.e. not-to-exceed amount, if applicable.

Contracts and Amendments Execution	Limitation Amount	Authorization Limitation or Details
<input type="checkbox"/> Allied Health	\$ _____	_____
<input type="checkbox"/> Encumbrance	\$ _____	_____
<input type="checkbox"/> Facilities – Construction	\$ _____	_____
<input type="checkbox"/> Facilities – Service (non-construction)	\$ _____	_____
<input type="checkbox"/> Grants	\$ _____	_____
<input type="checkbox"/> Guest Lecturer/Presenter	\$ _____	_____
<input type="checkbox"/> Hotel	\$ _____	_____
<input checked="" type="checkbox"/> Income – Customized Training	\$ _____	_____
<input type="checkbox"/> Income – Other	\$ _____	_____
<input type="checkbox"/> Inter-Agency	\$ _____	_____
<input type="checkbox"/> Intra-Agency	\$ _____	_____
<input type="checkbox"/> IT Software Licenses	\$ _____	_____
<input type="checkbox"/> Joint Powers Agreement	\$ _____	_____
<input type="checkbox"/> Memorandum of Agreement	\$ _____	_____
<input type="checkbox"/> Memorandum of Understanding	\$ _____	_____
<input type="checkbox"/> Professional/Technical Services	\$ _____	_____
<input type="checkbox"/> Real Estate – Leases/Occupancy	\$ _____	_____
<input type="checkbox"/> Service (non-facilities)	\$ _____	_____
<input type="checkbox"/> Other (identify _____)	\$ _____	_____

Purchasing and Procurement Transactions

<input checked="" type="checkbox"/> Encumbrance	\$ _____	_____
<input checked="" type="checkbox"/> Invoice Approval	\$ _____	_____
<input type="checkbox"/> Pay Order	\$ _____	_____
<input type="checkbox"/> Purchase Order	\$ _____	_____
<input checked="" type="checkbox"/> Purchase Requisition	\$ _____	_____
<input checked="" type="checkbox"/> Other (identify)_____	\$ _____	<u>Purchasing Card Authorization</u>

Other Transactions

<input type="checkbox"/> Account Receivables Charge-off	\$ _____	_____
<input type="checkbox"/> Advance	\$ _____	_____
<input type="checkbox"/> Check Disbursement	\$ _____	_____
<input type="checkbox"/> Collection Transaction	\$ _____	_____
<input type="checkbox"/> Out-of-State Travel	\$ _____	_____
<input checked="" type="checkbox"/> Payroll (Direct and Indirect Reports)	\$ _____	_____
<input type="checkbox"/> Personnel (Direct and Indirect Reports)	\$ _____	_____
<input type="checkbox"/> Special Expenses	\$ _____	_____
<input type="checkbox"/> Other (identify)_____	\$ _____	_____