



## UNIVERSITY OF CALGARY

### DELEGATION OF AUTHORITY FORM

The Delegated 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 [legalservices@ucalgary.ca](mailto:legalservices@ucalgary.ca).

DELEGATION	
<b>Type of Delegation</b>	Continuing sub-delegation
	Temporary sub-delegation ( <i>typically for vacation coverage etc.</i> )
	From: _____ To _____ <span style="margin-left: 100px;"><i>(start date)</i></span> <span style="margin-left: 100px;"><i>(end date)</i></span>
<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) <span style="margin-left: 200px;">_____</span> <span style="margin-left: 400px;">(Date)</span>  _____ (Please print name and title)	

Search for applicable sub-delegation [here](#)

**Retention:** This form is to be stored by both the Designated Individual and Legal Services and is to be made available if required by Internal Audit and/or Financial Services.