



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: _____ To: _____ (start date) (end date)
Nature of Delegation	General: All authority associated with the Specific: Authority related to decision 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.	