**Delegation of Authority**

*(Revised as of 2/16/2016)*

By means of this letter I, [Enter Name], [Enter Position], delegate the authority described herein to [Enter Name], [Enter Position] (the “Delegate”).

1. **Scope of Delegation**

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| *The Delegate is hereby authorized to review, approve and execute the following documents on my behalf:*Click here to enter text. |

1. **Limitations**
	1. This delegation is limited to the above described documents with:

[ ]  a value less than or equal to $ [Enter Amount]. [ ]  not applicable

[ ]  a contract duration that does not to exceed [Enter Period of Time]. [ ]  not applicable

* 1. The authority delegated in this document shall not be sub-delegated.
1. **Term of Delegation**
	1. This delegation shall become effective upon approval by Office of the General Counsel.
	2. This delegation shall run until the earlier of (a) when I revoke it or (b) the Delegate is no longer serving in the position described in this delegation or (c) the date specified below:

*Please check one.*

[ ]  The end of the fiscal year.

[ ]  The following date [Enter Date].

[ ]  Not applicable.

* 1. This delegation shall automatically terminate upon Delegate’s separation from UConn.
1. **Certification**

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| Employee Granting Delegated Authority: I certify that:1. Delegate has the training and expertise required to use the delegated authority appropriately and knowledgeably. 2. I have read and understand the authorized uses and limitations contained in this delegation and that a periodic review of signature authority is recommended (at least once a year). 3. I understand that I am responsible for taking appropriate measures to insure proper exercise of the sub-delegation of authority, including appropriate reviews, and am ultimately responsible for the documents reviewed and executed by the Delegate on my behalf.  | Employee Accepting Delegated Authority:I certify that:1. I understand and agree to comply with authorized uses and limitations regarding the authority delegated to me.2. Any misuse by me may result in disciplinary action. |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Enter Date]Signature Date  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Enter Date]Signature Date |

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|  Approved by the Office of the General Counsel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature  |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |