**Delegation of Authority**

*(Revised as of 5/5/2022)*

By means of this letter I, [Enter Name], [Enter Position], (the “Granting Employee”) 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].

a contract duration that does not 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 acknowledgment by the Office of the General Counsel.
   2. This delegation shall run until the earlier of (a) when it is expressly revoked by the Granting Employee (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 ensure proper exercise of the sub-delegation of authority, including appropriate reviews, and that I remain ultimately responsible for the documents reviewed and executed by the Delegate on my behalf. | Employee Accepting Delegated Authority:  I certify that:  1. I have reviewed and agree to follow the Procedures for Approving and Signing Contracts On-Behalf of the University.  2. I understand that misuse of the authority delegated to me may result in disciplinary action. |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Enter Date]  Signature Date | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Enter Date]  Signature Date |

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| Office of the General Counsel  Acknowledgment of Receipt  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |