

The UNIVERSITY OF IOWA
DELEGATION OF SIGNATURE AUTHORITY (VPR Units)

If authority to approve human resource transactions is delegated to another person, then it is important that the individual understands the limit of their authority and that they may not further subdelegate this authority. The person delegating signature approval authority is ultimately responsible for the actions of others.

Name of Unit Director/DEO: _____ Department: _____

Name of the Individual to Whom Authority is delegated: _____ Title: _____

AUTHORIZED USES (check all that apply)

Human Resource Forms

- All HR Forms
- Specific HR Forms Only, Please List:

Purchasing Forms

	<u>Maximum Authorized Limit</u>
<input type="checkbox"/> Purchase Requisitions	\$
<input type="checkbox"/> Non-PO Vouchers	\$
<input type="checkbox"/> Procurement Card Vouchers	\$
<input type="checkbox"/> Travel Expense Vouchers	\$

OTHER LIMITATIONS

- Other - Explain
- Authority is granted on a case by case basis.

I understand and agree to comply with authorized uses and limitations regarding authority delegated to me. Any misuse by me may result in disciplinary action.

The undersigned have read and understand the authorized uses and limitations contained in the Signature Assignment. A periodic review of the authorized uses and limitations is recommended at least annually.

Signature of Person Accepting Delegated Authority

date

Signature of Person Granting Signature Authority

Date

Sub Delegation of Signature Authority: It is recommended that you have a second person assigned in the event that the primary person authorized for signature authority is unavailable.

Authority is granted only during the absence of the primary delegate

Other - Explain

Whom Authority is sub-delegated _____

Title: _____

Signature of Person Accepting Sub Delegation Authority

Date

Authority is granted only during the absence of the primary delegate

Other - Explain

Whom Authority is sub-delegated _____

Title: _____

Signature of Person Accepting Sub Delegation Authority

Date

PERIODIC Review: Recommend at least an annual review coinciding with performance review of person holding delegated signature authority. Please update the delegated authority form as staff is hired or terminated.

Date of Review	Signature of Person Granting Authority	Signature of Person Receiving Authority