
Delegation of Authority
Acknowledgement Statement

I acknowledge receipt of the Delegation of Authority Policy and confirm that I have read and understand the policy and guidelines contained therein. I acknowledge that I have reviewed the delegation of authority assigned to me.

I also agree to comply with my delegation and take responsibility to abide by the policy and procedure. I understand that non-compliance with the delegation of authority may result in corrective action up to and including termination of employment.

Print name, sign below and return via mail, fax or PDF to your Division Gatekeeper. Division gatekeepers can be found on the Delegation of Authority application under Frequently asked Questions:

What is the roll of the Division Gatekeeper and who are the Division Gatekeepers?

PLEASE NOTE THAT YOUR AUTHORITY WILL NOT BE ACTIVATED UNTIL THIS SIGNED STATEMENT IS RECEIVED BY YOUR DIVISION GATEKEEPER.

Print Name:

Title:

Signature:

Initials