



SECTION 1: REQUESTOR INFORMATION

Date (mm/dd/yyyy): _____ Department: _____

Requestor: _____ E-mail Address: _____ Phone: _____

SECTION 2: REQUEST DETAILS

Delegate Changes:

The Individual(s) whose signatures appear below are authorized to approve forms submitted for the transaction types indicated, on my behalf Print Name: _____ Date: _____

- Dean/VP/CC Delegation
- Dept. Head/Director Delegation

for:

Organization: _____

Delegates Dept: _____

Effective Date	Name & Title	Transaction Type	Aggie ID	Action	ELR Approval (Y, N)	Delegate Signature

Notes/Limitations: _____

Signature Authority Changes:

The signature authority for Organization _____ has changed:

From: _____ To: _____ Aggie ID: _____

Effective: _____

SECTION 3: OFFICIAL APPROVAL

Dean/VP/CC President Print Name: _____ Signature: _____ Date: _____
(Delegates not authorized to sign)

Dept. Head/Dir. Print Name: _____ Signature: _____ Date: _____

SECTION 4: INTERNAL DEPARTMENT USE ONLY

Processed by - Print Name: _____ Signature: _____ Date: _____

Finance Print Name: _____ Signature: _____ Date: _____

HR Print Name: _____ Signature: _____ Date: _____