



Signature Delegation Authority Form

Instructions

1. Submit the completed and signed form in PDF format in a service request via service.kennesaw.edu/ofs.
2. The Delegator is responsible for maintaining original documentation and producing the information upon request for audit purposes.

Delegation Authority Agreement: Pursuant to the Policies of the University System of Georgia (USG) Board of Regents (BOR), which grant Presidents the authority to sign contracts on behalf of their institutions and the BOR, and pursuant to the delegation of such authority from the President. Please note that this form should not be used for permanent job responsibility changes. Requests are valid for one fiscal year and expire on June 30. A new form must be completed to continue the request for the next fiscal year.

Short -Term Delegation
Less than six months

Temporary Delegation
More than six months

Temporary Delegation
Two weeks or less

Delegator's Name: _____ **Delegator's Job Title:** _____

Delegator's Department: _____

Delegator's NetID: _____ **PeopleSoft ID (if different):** _____

I, the "Delegator" as named above, agree to permit authority to the following delegate, who is the next person in the chain of command:

Delegate's Name: _____ **Delegate's Job Title:** _____

Delegate's Department: _____

Delegate's NetID: _____ **PeopleSoft ID (if different):** _____

- Budget Amendments
- PeopleSoft Financials– eProcurement Approvals/OwlPay
- Travel Management System (Concur) Approvals***
- Travel Request, Travel Cash Advance, and Travel Expense Report Approvals
- Works - PCard

***Per USG BPM regulations "A traveler's immediate supervisor or higher administrative authority must approve a travel expense report before reimbursement will be issued"

For the following departments (list specific department name and/or specific department budget numbers):

Effective Dates

Start Date: _____ **End Date:** _____

Required Signatures

Delegator's Signature: _____ **Date:** _____

Delegate's Signature: _____ **Date:** _____

Office of Fiscal Services Only

Reviewer Signature: _____ **Date:** _____