

EASTERN MICHIGAN UNIVERSITY  
DESIGNATION OF SIGNATORY AUTHORITY  
DIVISION \_\_\_\_\_

As Cabinet, EC Members, and Administrator, I approve of the delegation of signatory authority outlined below by virtue of my signature. Such delegation is in accordance with the Signatory Authority Policy.

This signatory authority may be withdrawn at any time without notice by the appropriate Cabinet, EC Member, or Administrator, and will be automatically cancelled upon termination.

Delegating Authority	
Name _____	Signature _____
Title _____ (Printed or Typed)	
A Permanent delegation of authority must be approved by the President.	

Designee	
Name _____	Signature _____
Title _____ (Printed or Typed)	

Designee	
Name _____	Signature _____
Title _____ (Printed or Typed)	

An individual can only delegate the approval authority already granted to him/her and delegations can only be made in writing to individuals within the same unit to a direct report.

<b>Indicate if this delegation is being made to provide full departmental coverage in your absence (backup support) on a permanent basis</b>	
Organization(s) # _____	
Funds(s)# _____	
Reason for Delegation _____	
If Temporary: From _____	To _____
Date _____	Department Contact/Number _____

Cabinet Members \_\_\_\_\_ Title \_\_\_\_\_

President (If Applicable) \_\_\_\_\_ CFO (If Exception) \_\_\_\_\_

**If this delegation of authority is not consistent with the Signatory Policy this form must be signed by the CFO.  
If this is a permanent delegation of authority this form must be signed by the President.**