VUL-FRM-03-01-SSE Delegation of Authority

Person Delegating Authority:			
Current Job Title:			
AUTHORITY BEING DELEGATED *(give brief description of delegated responsibilities)*			
Delegated to:		**Current Job Title:**	
Date from:		**Date:**	
ACCEPTANCE OF DELEGATION			
I accept the delegation of authority for the duration as listed above.			
Name:	Signature:	Date:	
APPROVAL BY PERSON DELEGATING AUTHORITY			
I delegate the above-mentioned authority to the person aforementioned person for the duration listed.			
Name:	Signature:	Date:	