

Sub-delegation letter template



School/Division _____

Date _____

To: _____ (recipient of sub-delegation)

From: _____ (Delegator)

AUTHORISATION of SUB-DELEGATION

Your position of _____ is at level _____.
I am sub-delegating to you the following delegations:

Insert specific delegations using the number and associated activity described in the relevant Delegations Schedule/s

The sub-delegations will apply:

- a) while you continue in this position
- or
- b) for the period _____ to _____.

By signing this letter you agree that you have read, and accept that you are required to operate, within the Delegations Policy and applicable Schedule/s. You also agree that the delegations apply only to those specified above.

The sub-delegations specified above apply until:

- a) they are formally withdrawn in writing, or;
- b) the period of their application expires, or;
- c) you cease to be in the above position.

Delegations will be up dated from time to time and it is your responsibility to ensure that you operate within the latest version. The relevant Director will advise you when updating has occurred.

Signed (Delegator) _____ Date _____

Signed: _____ Date: _____

Copy to HR for Personal File and Payroll/ Corporate Services or Academic Quality as relevant