



Delegation of Authority Form

To Whom it May Concern:

By means of this letter, I, _____, because I
[name, title of delegator]

_____,
[state reason]

I am delegating authority herein described to the _____,
[position title/department]

on the following terms and conditions:

1. _____ may _____
[name of Delegate] [scope of delegated authority]

2. The effective date of this delegation is _____ until _____.
[starting date] [ending date]

3. The authority delegated is not subject to sub-delegation without my prior and express written consent.

4. This delegation is made pursuant to the **Policy Code no. APP-LDP-012 (V4)**.

[signature] _____

Name and Title *[delegator]*

Date: _____

Acknowledged and agreed:

[signature] _____

Name and Title *[delegate]*

Date: _____

Approved:

[signature] _____

Vice-Dean University Hospital Director (VDUHD)

Date : _____