

# Delegation of Authority Form

**Request Type**

Add a new Fund or Department to Delegation Authority   
  Update Existing Delegation Authority  
 Replace and Inactivate Delegation Authority   
  Inactivate Delegation Authority

**Business Units**     LBCMP     LBFDN     LB49R

**Add a new Fund or Department to Delegation Authority** - Specify Employee Name(s)    **Type:**     **Value:**

**Provide Delegation Authority to:**


**Replace and Inactivate Delegation Authority** - Provide the same Delegation Authority as employee to be inactivated.

**Inactivate:**    Name     Dept ID

**Replaced by:**    Name     Dept ID

**Update Existing Delegation Authority** - Update Delegation Authority for specified employee.

Name     Dept ID

**Departments - If only a Division or Sub-division is entered, then all of its departments will automatically be included.**

Select Type	Division Name	Sub-Division	Dept ID	Dept ID	Dept ID	Dept ID	Dept ID
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Select Type	Fund	Fund	Fund	Fund	Fund	Fund	Fund	Fund	Fund	Fund	Fund	Fund
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Inactivate Delegation Authority** - Specify employee who no longer require Delegation Authority.

Name to Inactivate:     Dept ID

**Requestor**

Requestor: \_\_\_\_\_ Date:     Comments:

Requestor Email: \_\_\_\_\_

**Delegation Approval**     By checking this box, I approve the listed individual(s) to be the designated persons for the Financial and Human Resources.

Delegation Approver: \_\_\_\_\_ Date:     Comments:

Delegation Approver Email: \_\_\_\_\_

**FISCOA**

Name: \_\_\_\_\_ Date:     Comments:

**Workflow Submittal -**    The DOA form attached to the requestor and delegation approver's "**csulb.edu**" e-mail is an acceptable method of authentication, so signatures are not required as long as both e-mail receipts are sent to the FISCOA.

**TIMESTAMPS**    Requestor: \_\_\_\_\_    Delegation Approval: \_\_\_\_\_    FISCOA: \_\_\_\_\_    Version: \_\_\_\_\_