



# MINNESOTA DELEGATION/RESCISSION OF AUTHORITY

This document is a public record and is available for public inspection.  
Please read the instructions on the back of this form before completing it.

1. DEPARTMENT (AGENCY, BUREAU, ETC.)

2. NAME OF DESIGNEE (INCLUDE TITLE)

3. PERSON DELEGATING/RESCINDING (INCLUDE TITLE)

### 4. Choose one of the following actions:

\_\_\_\_\_ I hereby **DELEGATE** the powers and/or duties listed in No. 6 to the above named designee, effective:

\_\_\_\_\_ I hereby **RESCIND** all prior delegations of authority on file for the above named person effective:

\_\_\_\_\_  
Month                      Day                      Year

\_\_\_\_\_  
Month                      Day                      Year

5. **AUTHORITY CITED:** \_\_\_\_\_ Pursuant to: M.S. 15.06, Subd. 6  
(Please check all that apply) \_\_\_\_\_ Pursuant to: M.S. 16C.03, Subd. 16  
(By the Commissioner of Administration)  
\_\_\_\_\_ Pursuant to: M.S. \_\_\_\_\_

6. If you are delegating powers and/or duties, mark the appropriate line(s) below.

\_\_\_\_\_ EXECUTE CONTRACTS  
(Provide details below)

\_\_\_\_\_ SIGN PURCHASING DOCUMENTS  
(Provide details below)

\_\_\_\_\_ OTHER (Provide details below)

DETAILS \_\_\_\_\_

### 7. SIGNATURES

\_\_\_\_\_  
DELEGATING/RESCINDING AUTHORITY

\_\_\_\_\_  
DESIGNEE

8. Copies to:

RESERVED FOR USE BY THE SECRETARY OF STATE

## INSTRUCTIONS

1. List the name of your agency
2. Record the name of the person to whom authority is being delegated. Delegations are filed by the Designee's last name.
3. List the full name and the title of the person delegating or rescinding the specified duties and/or powers. This person will sign the form in No. 7.
4. Check one box either to delegate duties and/or powers or to rescind all delegated duties and/or powers under a previous delegation.

File a rescission of authority with the Secretary of State as soon as possible after a delegation is no longer in effect; such as when an employee leaves the department.

5. *Minnesota Statutes Sections 15.06, subdivision 6* contains a general grant of authority to delegate duties and/or powers. Your agency may have additional authority for delegations, consult the Minnesota Statutes governing your agency. The Commissioner of Administration, pursuant to *Minnesota Statutes Section 16C.03, subdivision 16*, may delegate authority to specific individuals in agencies related to purchasing and contracting. Contact the Assistant Director, Materials Management Division through the Help Line at 651/296-2600 for more information.
6. If you are filing a delegation, mark and describe the duties and/or powers that are being delegated. If you are delegating a responsibility that is not listed, mark the "other" line and describe the delegation. When delegating the signing of purchasing documents, you are ONLY delegating the authority of an agency head to approve the expenditure of agency funds. Under *Minnesota Statutes Section 16C.03, subdivision 16*, delegation of authority to purchase goods (commodities) is handled directly by the Department of Administration, Materials Management Division. You can contact the Training Specialist through the Help Line at 651/296-2600 for more information.
7. Both the delegator and the designee must sign the delegation. If a rescission is being filed, only the delegator is required to sign.
8. If you need to notify other departments or agencies of this delegation or rescission, please list the agency names in the copy section.

You must present the original and all copies to the Office of the Secretary of State. The Secretary of State's Office will date stamp all of the copies you have submitted and return them to you for distribution. The original will be kept for filing.

Submit to the Secretary of State at:      Secretary of State  
180 State Office Building  
100 Reverend Dr. Martin Luther King Jr. Blvd.  
St Paul, MN 55155-1299

The Secretary of State's office does not discriminate on the basis of race, creed, color, sex, sexual orientation, national origin, age, marital status, disability, religion, reliance on public assistance or political opinions or affiliations in employment or the provision of services. This document can be made available in alternative formats, such as large print, Braille, or audio tape, by calling 651/297-5845/Voice. For TTY communication, contact the Minnesota Relay Service at 1-800-627-3529 and ask them to place a call to 651/297-5845.