386 E. Black Street
P.O. Drawer 10072
Rock Hill, SC 29731

T:(803)981-1000
www.rockhillschools.com

Delegation of Signatory Authority

Delegated Signature for (Name of School/Location) _____

In my absence, I delegate signatory authority to _____

for signing of official financial documents to include (but not limited to) budget adjustments, journal entries, purchase orders (any amount) for the designated period listed below.

_____ **To** _____

REMINDER:
Principals/ Department Heads are responsible for providing an actual signature as a normal operating procedure. Signature stamps are NOT to be used for the above referenced documents.

This form is used to elect an alternate administrator signatory authority to sign official documents in the absence of another employee. The delegated employee should be a peer of equivalent authority selected based on the chain of command in the area where you work. The delegated employee must also have working knowledge of the documents that they sign.

Principal/Department Head Name: _____

Principal/Department Head Signature: _____

Delegated Individual Name & Title: _____

Delegated Individual Signature: _____