

CONTRACT ♦ PROCESSING ♦ GUIDE

CONTRACT SIGNATURE
SUB-DELEGATION REQUEST FORM

I, _____ currently acting in the position of _____
_____ for _____ am requesting sub-delegation of my contract
signature authority for the state controller signature authority to the following employees for the
following types of contracts.

NAME	STATE CLASSIFICATION	DESCRIPTION OF CONTRACT TYPE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I will insure that all sub-delegates read and comply with the requirements section of the procedure for requesting signature delegation, the agency contract approval procedure, and Chapter 3 of the fiscal rules. I will be responsible for all actions of the sub-delegate(s) in the performance of their duty of signing contracts for the state controller.

Signed this _____ day of _____.

By: _____

Exception contract signatory recommendation: Approve Reject

Reason _____
