

**APPENDIX B**

**MINNESOTA MANAGEMENT & BUDGET**

**Delegation of Authority Request Form**

Please complete this form to request delegation of authority and submit to MMB's Agency Services Division for classification and selection delegation, and to MMB's Compensation Unit for compensation delegation.

Date:

Agency:

Proposed Delegate Name:

Which categories of delegation are being requested (check all that apply):

- Classification       Compensation       Selection

Check the situation that applies to your request:

- I am a full-time Human Resources Director\* with at least two years of state experience in the topic areas being requested for delegation; OR
- I have experienced staff at the Personnel Representative or Personnel Officer Principal level that have a history of working with the state human resources system(s) for at least two years, in the topic areas being requested for delegation.

*\*Human Resource Director means any position that oversees an agency HR office and is in a managerial or supervisory classification typically in the personnel series.*

I am requesting limited agency delegation or am requesting authority in addition to the authority that has already been granted to me (please explain):

Explanation of experience which supports the delegation request and the agency's internal controls in place (see criteria for delegation of authority on pages 3-4 of policy):

Signature of Delegate: \_\_\_\_\_

Signature of Agency Head/Commissioner: \_\_\_\_\_