

DEPARTMENTAL DELEGATION OF AUTHORITY LETTER

FOR EMPLOYEE VS. INDEPENDENT CONTRACTOR STATUS DETERMINATION FORM

By means of this letter, I, [Name], [Dean, Director, or Chair], delegate the authority herein described to [Designee Name], [Designee Position Title], on the following terms and conditions:

1. I delegate authority to [Designee Name], on my behalf, to formally sign departmental Employee vs. Independent Contractor status determination forms, with the understanding of the following responsibilities and certifications:
	1. They are familiar with the services provided by the individual
	2. They have reviewed the Employee vs. Independent Contractor Policy
	3. They have confirmed with their Human Resources Representative the individual’s employment status or history
	4. An Independent Contractor Status classification is warranted
2. The effective date of this delegation is [specify date], and shall remain in effect until I revoke the delegation, the delegate is no longer serving in their position described above, or the end of the fiscal year, whichever comes first.
3. The authority delegated shall not be sub-delegated.
4. This delegation is made pursuant to the University Employee vs. Independent Contractor Policy and is subject thereto.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Name]

Departmental Dean, Director, or Chair

Acknowledged and agreed:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Designee Name]

[Designee Title]

Copy of delegation to be kept on file in the department for 7 years for audit purposes