

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: _____