

## INSTRUCTIONS

- DETERMINE STATUTORY AUTHORITY
- DETERMINE POWERS AND/OR DUTIES
- COMPLETE FORM AND SIGN
- SUBMIT TO SECRETARY OF STATE
- SEND COPIES TO AFFECTED AGENCIES
- EXECUTE SEPARATE RESCINDING ORDER FOR PREVIOUS HOLDER OF THIS POSITION AND SUBMIT TO THE SECRETARY OF STATE

NAME OF DESIGNEE (INCLUDE TITLE)

Lois E. Mizuno



## DELEGATION / RESCISION OF AUTHORITY

DEPARTMENT (BUREAU, AGENCY, ETC.)

Board of Psychology

PERSON DELEGATING ~~RESCINDING~~ (INCLUDE TITLE)

Pauline Walker-Singleton, Executive  
Director

☐ I HEREBY DELEGATE THE FOLLOWING POWERS  
AND/OR DUTIES TO THE ABOVE NAMED DESIGNEE,  
EFFECTIVE: \_\_\_\_\_

Month

Day

Year

AUTHORITY CITED:

☐ PURSUANT TO: M.S. 15.06, SUBD. 6

☐ PURSUANT TO: M.S. 16B.06, SUBD. 2

☐ PURSUANT TO: \_\_\_\_\_

☐ SIGN PERSONNEL TRANSACTIONS

☐ SIGN PAYMENT TRANSACTIONS

☐ SIGN PAYROLL ROSTERS

☐ EXECUTE CONTRACTS

☐ SIGN PAYMENT BATCH COVER SHEETS

☐ PICK UP PAYROLL WARRANTS

☐ SIGN PURCHASING DOCUMENTS

☐ OTHER (EXPLAIN) \_\_\_\_\_

☒ I HEREBY RESCIND ALL PRIOR DELEGATIONS OF AUTHORITY ON FILE FOR THE ABOVE NAMED  
PERSON, EFFECTIVE: 3-3-93

Month

Day

Year

SIGNATURES

*Pauline Walker-Singleton*  
DELEGATING ~~RESCINDING~~ AUTHORITY

DESIGNEE

► THE SIGNATURE OF THE COMMISSIONER OF  
ADMINISTRATION IS REQUIRED ONLY IF THE DELEGATION IS  
PURSUANT TO M.S. 16.06B, SUBD. 2 (CONTRACTS).

SIGNATURE

APPROVED, COMMISSIONER OF ADMINISTRATION

► RESERVED FOR USE BY THE SECRETARY  
OF STATE

Copies to:

STATE OF MINNESOTA  
DEPARTMENT OF STATE  
FILED

MAR 17 1993

*Jean Anderson Howe*  
Secretary of State

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