



MINNESOTA DELEGATION/RESCISSION OF AUTHORITY

This document is a public record and is available for public inspection.
Please read the instructions on the back of this form before completing it.

1. DEPARTMENT (AGENCY, BUREAU, ETC.)
Department of Administration

2. NAME OF DESIGNEE (INCLUDE TITLE)
Cicily Killian, Claims Management Specialist, Workers'
Compensation Claims, Risk Management Division

3. PERSON DELEGATING/RESCINDING (INCLUDE TITLE)
Alice Roberts-Davis, Commissioner, Department of Administration

4. Choose one of the following actions:

☒ I hereby **DELEGATE** the powers and/or
duties listed in No. 6 to the above named
designee, effective:

01 07 2019
Month Day Year

☒ I hereby **RESCIND** all prior delegations of
authority on file for the above named person
effective:

01 07 2019
Month Day Year

5. **AUTHORITY CITED:** ☒ Pursuant to: M.S. 15.06, Subd. 6
(Please check all that apply) ☐ Pursuant to: M.S. 16C.03, Subd. 16
(By the Commissioner of Administration)
☒ Pursuant to: M.S. 176

6. If you are delegating powers and/or duties, mark the appropriate line(s) below.

☐ EXECUTE CONTRACTS
(Provide details below)

☐ SIGN PURCHASING DOCUMENTS
(Provide details below)

☒ OTHER (Provide details below)

DETAILS Authorize workers' compensation benefits up to a maximum of \$25,000 for those claims pertaining to the Workers' Compensation Revolving Fund.

7. SIGNATURES


DELEGATING/RESCINDING AUTHORITY


DESIGNEE

8. Copies to:

RESERVED FOR USE BY THE SECRETARY OF STATE



191485