

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)

Chris Goodwill, Employee Relations
Executive Officer



DELEGATION / RESCISION OF AUTHORITY

DEPARTMENT (BUREAU, AGENCY, ETC.)

Department of Employee Relations

PERSON DELEGATING/RESCINDING (INCLUDE TITLE)

Linda M. Barton, Commissioner

☒ I HEREBY DELEGATE THE FOLLOWING POWERS
AND/OR DUTIES TO THE ABOVE NAMED DESIGNEE,
EFFECTIVE: 7-28-92

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) _____

Please amend current authorization to include: Full power and authority to authorize appointing authorities to excuse employees with full pay in the event of a natural or manmade emergency pursuant to M.S. 43A.05, sub 4. The authority to sign requests for access to the Statewide Accounting System and Personnel/Payroll System. Authority to sign all documents relating to Personnel and Accounting including Special Expenses and contracts.

☐ I HEREBY RESCIND ALL PRIOR DELEGATIONS OF AUTHORITY ON FILE FOR THE ABOVE NAMED PERSON, EFFECTIVE: _____

Month Day Year

SIGNATURES

Linda M. Barton

DELEGATING/RESCINDING AUTHORITY

Chris Goodwill

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

AUG 19 1992

Joan Anderson Howe
Secretary of State

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