

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.)
Minnesota Department of Corrections

2. NAME OF DESIGNEE (INCLUDE TITLE)
Karen Robinson, Assistant Commissioner Management
Services Division

3. PERSON DELEGATING/RESCINDING (INCLUDE TITLE)

Sheryl Ramstad Hvass, Commissioner

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:

January	4	1999
Month	Day	Year

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

January	4	1999
Month	Day	Year

5. AUTHORITY CITED: ☒ Pursuant to: M.S. 15.06, Subd. 6 ☐ Pursuant to: M.S. 16C.03, Subd. 16
(Please check all that apply) ☒ Pursuant to: M.S. 241.01, Subd. 3a ☐ (By the Comm. of Administration)

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:

As Assistant Commissioner, designee is delegated all the powers and duties of the office, is authorized to sign all documents relating to the Management Services Division and its statutory responsibilities and is authorized to delegate her authorities to employees of the Management Services Division under this delegation of authority with the exception of executing contracts.

7. SIGNATURES

Sheryl Ramstad Hvass
DELEGATING/RESCINDING AUTHORITY

Karen M. Robinson
DESIGNEE

8. Copies to:

Department of Administration
(Purchasing and/or Contracts Only)

Office of Attorney General/Contract Legal Assistance
(Contracts Only)

RESERVED FOR USE BY THE SECRETARY OF STATE



9901604