

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)

Ann O'Brien, Director
Human Resource Management



DELEGATION / RESCISION OF AUTHORITY

DEPARTMENT (BUREAU, AGENCY, ETC.)

Department of Corrections
MCF-Faribault

PERSON DELEGATING/RESCINDING (INCLUDE TITLE)

Louis Stender, Chief Executive Officer

☐ 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: _____
Month Day Year

SIGNATURES

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 _____

► RESERVED FOR USE BY THE SECRETARY
OF STATE

APPROVED, COMMISSIONER OF ADMINISTRATION

copies to:

STATE OF MINNESOTA
DEPARTMENT OF STATE
FILED

JUL 15 1993

Joan Anderson Howe
Secretary of State

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