

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 Employee Relations

2. NAME OF DESIGNEE (INCLUDE TITLE)

Dan Meyer, Workers' Compensation Claims
Management Specialist, Intermediate

3. PERSON DELEGATING/RESCINDING (INCLUDE TITLE)

Karen L. Carpenter, 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:

03 01 99
Month Day Year

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

Month Day Year

5. AUTHORITY CITED:

(Please check all that apply)

☒ Pursuant to: M.S. 15.06, Subd. 6
☐ Pursuant to: M.S. _____

☐ Pursuant to: M.S. 16C.03, Subd. 16
(By the Commissioner 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 Authorize Workers' Compensation Benefits up to a maximum of \$25,000 for those claims pertaining to the
Workers' Compensation Revolving Fund.

7. SIGNATURES

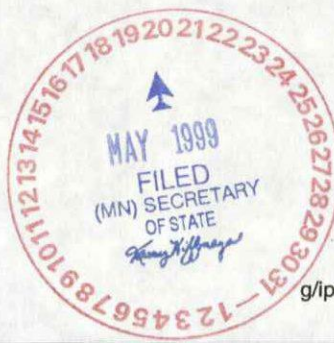
Karen L. Carpenter
DELEGATING/RESCINDING AUTHORITY

Dan Meyer
DESIGNEE

8. Copies to:

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INSTRUCTIONS

1. List the name of your agency. Delegations are filed in the Office of the Secretary of State by agency name.
2. Record the name of the person to whom authority is being delegated. Within each agency's file, delegations are filed by individual name, so only one name can be presented on each delegation form.
3. List the full name and the title of the person delegating or rescinding the specified duties and/or powers. This person will sign the form in No. 7.
4. Check one box either to delegate duties and/or powers or to rescind all delegated duties and/or powers under a previous delegation.

File a rescission of authority with the Secretary of State as soon as possible after a delegation is no longer in effect; such as when an employee leaves the department.

When a department delegates or rescinds the authority to execute contracts, send a copy of the filed delegation or rescission to Contract Legal Assistant, Office of the Attorney General, Public Finance Division & Opinions, 525 Park St., #200, St. Paul, MN 55103.

5. *Minnesota Statutes* Sections 15.06, subdivision 6 contains a general grant of authority to delegate duties and/or powers. Your agency may have additional authority for delegations, consult the *Minnesota Statutes* governing your agency. The Commissioner of Administration, pursuant to *Minnesota Statutes Section 16C.03, subdivision 16*, may delegate authority to specific individuals in agencies related to purchasing and contracting. Contact the Assistant Director, Materials Management Division through the Help Line at (651) 296-2600 for more information.
6. If you are filing a delegation, mark and describe the duties and/or powers that are being delegated. If you are delegating a responsibility that is not listed, mark the "other" line and describe the delegation. When delegating the signing of purchasing documents, you are **ONLY** delegating the authority of an agency head to approve the expenditure of agency funds. Under *Minnesota Statutes Section 16C.03, subdivision 16*, delegation of authority to purchase goods (commodities) is handled directly by the Department of Administration, Materials Management Division. You can contact the Training Specialist through the Help Line at (651) 296-2600 for more information.
7. Both the delegator and the designee must sign the delegation. If a rescission is being filed, only the delegator is required to sign.
8. If you need to notify other departments or agencies of this delegation or rescission, please list the agency names in the copy section.

You must present the original and all copies to the Office of the Secretary of State. The Secretary of State's Office will date stamp all of the copies you have submitted and return them to you for distribution. The original will be kept for filing.

Submit to the Secretary of State at:

Secretary of State
180 State Office Bldg.
100 Constitution Ave.
St. Paul, MN 55155-1299

The Secretary of State's office does not discriminate on the basis of race, creed, color, sex, sexual orientation, national origin, age, marital status, disability, religion, reliance on public assistance or political opinions or affiliations in employment or the provision of services. This document can be made available in alternative formats, such as large print, Braille or audio tape, by calling (651) 297-5845/Voice. For TTY communication, contact the Minnesota Relay Service at 1-800-627-3529 and ask them to place a call to (651) 297-5845.