

Delegation of Authority to Steven Elkins

pursuant to the Administrative Procedure Act, Minnesota Statutes, chapter 14; and
(ii) the initiation of administrative or civil judicial litigation.

- C. This delegation includes the exercise of authority contained in any amendments to the Vital Statistics Act, including rules promulgated thereunder, that take effect after the effective date of this order.
- D. This delegation shall continue at the pleasure of the Commissioner until Steven Elkins resigns or otherwise leaves or ceases to function in the State Registrar position or until the delegation is revoked or otherwise terminated in accordance with law.
- E. I hereby affirm and ratify all actions taken by Steven Elkins in conformity with this delegation prior to its effective date while serving in the capacity of State Registrar.

7. SIGNATURES

Sanne Magnus MD
DELEGATING/RESCINDING AUTHORITY

Steven Elkins
DESIGNEE

8. Copies to:

Secretary of State (Original)
MDH Executive Office
MDH Finance and Facilities Management
MDH Human Resources
Attorney General's Office
Designee

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MINNESOTA DELEGATION/RESCISSION OF AUTHORITY

This document is a public record and is available for public inspection.

1. DEPARTMENT (AGENCY, BUREAU, ETC.)
Health

2. NAME OF DESIGNEE (INCLUDE TITLE)
Shawna Munger, Budget Specialist
Finance and Facilities Management

3. PERSON DELEGATING/RESCINDING (INCLUDE TITLE)

Sanne Magnan, PhD, MD, 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:

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

November 2, 2007
Month Day Year

Month Day Year

5. **AUTHORITY CITED:**
(Please check all that apply)

☒ Pursuant to: M.S. 15.06, Subd. 6
☐ Pursuant to: M.S. 16C.03, Subd. 16
(By the Commissioner of Administration)
☐ Pursuant to: M.S. _____

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

a. I hereby delegate the authority to sign on behalf of the Minnesota Department of Health:

- i. Documents related to the transfer of 100, 190, 170, 200, 300, 315, 561, and 562 appropriations; and
- ii. Expenditure corrections;

b. This delegation shall continue at the pleasure of the Commissioner until the above named person resigns or otherwise leaves or ceases to function in the position indicated above or until this delegation is revoked or otherwise terminated in accordance with law.

c. I hereby affirm and ratify all actions taken by Shawna Munger while serving in the capacity of Accounting Officer Intermediate in conformity with this delegation prior to its effective date.

7. SIGNATURES

Sanne Magnan
DELEGATING/RESCINDING AUTHORITY

Shawna A Munger
DESIGNEE