

## 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)

Paul Strebe, Workers' Compensation  
Claims Management Specialist, Intermediate



## DELEGATION / RECISION OF AUTHORITY

DEPARTMENT (BUREAU, AGENCY, ETC.)

Department of Employee Relations

PERSON DELEGATING/RESCINDING (INCLUDE TITLE)

Bruce H. Johnson, Commissioner

☒ I HEREBY DELEGATE THE FOLLOWING POWERS  
AND/OR DUTIES TO THE ABOVE NAMED DESIGNEE.  
EFFECTIVE: 1 1 95  
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) \_\_\_\_\_

Authorize Workers' Compensation Benefits up to a maximum of \$25,000 for those  
claims pertaining to the Workers' Compensation Revolving Fund.

☐ I HEREBY RESCIND ALL PRIOR DELEGATIONS OF AUTHORITY ON FILE FOR THE ABOVE NAMED  
PERSON, EFFECTIVE: \_\_\_\_\_  
Month Day Year

SIGNATURES

Bruce H. Johnson

DELEGATING/RESCINDING AUTHORITY

Paul Strebe

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

STATE OF MINNESOTA  
DEPARTMENT OF STATE  
FILED

MAR 16 1995

Jan Anderson  
Secretary

Copies to: