

Delegation of Authority Letter

Date: [Insert Date]

To: [Recipient's Name]

Title: [Recipient's Title]

Department: [Recipient's Department]

From: [Your Name]

Title: [Your Title]

Department: [Your Department]

Dear [Recipient's Name],

I am writing to formally delegate authority for the following departmental responsibilities to you:

- [Responsibility 1]
- [Responsibility 2]
- [Responsibility 3]

This delegation shall be effective from [Start Date] to [End Date]. During this period, you are authorized to make decisions and take necessary actions regarding the responsibilities mentioned above.

Should you have any questions or require further clarification, please do not hesitate to reach out.

Thank you for your cooperation.

Sincerely,

[Your Signature if sending a hard copy]

[Your Name]

[Your Title]

[Your Contact Information]