

UNIVERSITY OF GHANA  
DELEGATION OF AUTHORITY FORM

I ..... the ..... of the ..... , pursuant to the provisions of the **FRGP Policy No. 1601(2)**, delegate authority to ..... the ..... , on the following terms and conditions that:

1. I will remain ultimately responsible for the authority vested in my office.
2. The delegate is accountable for actions taken on behalf of delegating authority.
3. The delegate shall ensure professionalism and application of effective control in carrying out the duties hereby delegated.
4. That on behalf of the ..... , the Delegatee could:  
**Attend to** .....  
..... **of**  
**the**..... **except** .....
5. The person to whom authority has been delegated shall give a comprehensive report to the Delegating Officer on all actions taken after every two weeks.
6. The effective date of this delegation is ..... and shall run until ..... , or when formally revoked by the Delegating Officer before the date herein stated.

**Endorsement by Delegating Officer**

**Name:** .....  
**Designation:** ..... **Signature:** .....  
**Date:** .....

**Endorsement by Officer Authority is Delegated to**

**Name:** .....  
**Designation:** ..... **Signature:** .....  
**Date:** .....

File No: .....