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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Approval Delegation Request Form** | | | | | | | |  | | --- | |  | | | | |
| *\*fields are mandatory* | | | | | | |  | | | |
|  | |  |  | | |  |  | | | |
| **Section One - Details of User** | | | | | |  |  | | | |
|  | |  |  | | |  |  | | | |
| Name\* | |  | | | | |  | | | |
|  | |  |  | | |  |  | | | |
| Email\* | |  | | | | |  | | | |
|  | |  |  | | |  |  | | | |
| Department\* | |  | | | | |  | | | |
|  | |  |  | | |  |  | | | |
| Delivery Address\* | |  | | | | |  | | | |
|  | |  | | | |
|  | |  |  | | |  |  | | | |
| Telephone Number\* | |  | | | | |  | | | |
|  | |  |  | | |  |  | | | |
|  | |  |  | | |  |  | | | |
| **Section Two - Details of Approval Delegation** | | | | | | |  | | | |
|  | |  | | | | |  |  |  | | |
| Name of User to receive Approval Tasks\* | |  | | | | |
| Effective dates for delegation \* | | Start | | End | | |  |  | |  | |
|  | |  | | | | |  |  | |  | |
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