

FLORIDA COMMUNITY COLLEGE AT JACKSONVILLE
DELEGATION OF AUTHORITY
CONTRACT SIGNATURE AUTHORITY and PROCESSING

Campus

Name of Employee

Title

I, _____, the duly appointed President of _____ Campus pursuant to delegation authority from the College President and by APM 02-0303, hereby delegate to _____ the authority and responsibility, consistent with and subject to the limitations in APM 02-0303, Contract Signature Authority and Processing, to sign and execute Customized Training Contracts, such approval not to exceed \$14,999.99 per contract. Any agreement entered into pursuant to this authority shall require my prior written or verbal approval.

This delegation is valid until the earlier of 12 months from the date signed, the expiration date indicated below, or your transfer from your current position, and is contingent upon your ongoing compliance with applicable State of Florida statutes and law, FCCJ Board Policies, College APM 02-0303, and other applicable APM's, regulations, procedures, and policies of FCCJ as well as State Department of Education regulations. By signing this delegation the employee acknowledges having read and understood APM 02-0303, and agrees to comply with the procedures and limitations therein.

This delegation rescinds any and all prior delegations of authority heretofore filed for this purpose.

EMPLOYEE'S SIGNATURE

CAMPUS PRESIDENT'S SIGNATURE

DATE

DATE

Expiration Date: ___/___/___ (not to exceed 12 months from date of signature)

Please return original to Campus President's office. Copies will be filed with the Director of Contract Administration and the Employee