



# VARIATION OF DELEGATIONS

**DELEGATE'S SUPERVISOR**

<b>Name:</b>	
<b>Position:</b>	
<b>Staff number:</b>	

**DELEGATE**

<b>Name:</b>	
<b>Position:</b>	
<b>Staff number:</b>	
<b>Org code, account code, program code (if applicable):</b>	

**VARIATION OF DELEGATION**     No     Yes – please complete table below

Schedule Item	Nature of Change (E.g. Expenditure limit reduced to \$XXXX)	Perm	Temp	Period

**MANAGEMENT ACTION**  
If a delegation has been varied because it was improperly exercised, please provide details of the management action being taken:

**WITHDRAWAL OF DELEGATION**     No     Yes – please complete table below

Schedule Item	Perm	Temp	Period

**AUTHORISATION**

Authorised Officer	Signature	Date
Dean / Executive Director (Band 7):		
SEC Member (Band 8):		

Please send the original, signed form to the University Secretary, Office of Corporate Affairs, Bathurst, and a copy to the schedule owner and the HR Service Centre.