



SOUTH CENTRAL
SCHRA
HUMAN RESOURCE AGENCY

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MEMORANDUM OF AUTHORIZATION

In order to expedite certain fiscal matters, in my absence or otherwise, it is hereby requested that the following individual be empowered to approve documentation, on my behalf, as indicated below and no other:

DELEGATEE:

_____	_____	_____
Typed Name	Signature	Date

AREA OF RESPONSIBILITY :

This delegation will be effective as of the date of approval and will be continuous until such time as the Executive Director receives and approves written notification of cancellation.

This authorization replaces any delegations made prior to this date.

In the event that any discrepancy, omission, or any other irregularity might occur as a result of this delegation, I understand that I will retain full responsibility of such.

DELEGATOR:

Program Director Signature

Date

APPROVAL:

Executive Director Signature

Date