



Delegations Rule – authority to act

Use this form to authorise an employee under your supervision to exercise a delegation attached to your position where:

- you are satisfied the employee is qualified to exercise the delegation; and
- the activity is routine*, conforms with recognised University policy, procedure or practice and does not require the employee to exercise significant independent judgement.

*Only the delegation codes listed on this form are considered routine activities. (please see [Delegation Rule, Schedule A](#) for a full description of the relevant delegation).

For any other delegation code, please contact the Policy Adviser at policies@scu.edu.au

DETAILS OF EMPLOYEE AUTHORISED:

Name:

Position title:

Work Unit:

Period of authorisation: to
(commencement date) (expiry date – leave blank if ongoing)

Any limitation on authorisation:

DELEGATIONS INVOLVED:

Delegation code/s (Tick to authorise)	Conditions attached to authorisation
Budgeted Expenditure: <i>(Approve, commit or incur expenditure within approved budget)</i>	
VC expenditure (FN85)	<i>Authorised person may approve expenditure on my behalf up to a maximum of \$10,000 per transaction.</i>
HOW expenditure (FN63)	<i>Authorised person may approve expenditure on my behalf up to a maximum of \$10,000 per transaction.</i>
Exec expenditure (FN64)	<i>Authorised person may approve expenditure on my behalf up to a maximum of \$10,000 per transaction.</i>
Refunds:	
Director, Student Administration Services (FN115) <i>Waive, refund, remit or issue credit note for student related charges or contributions</i>	<i>Authorised person may approve refunds on my behalf up to a maximum of \$10,000 per transaction.</i>
Director, Financial Operations (FN118) <i>Waive, refund, remit or issue credit note for non-student related charges and fines</i>	<i>Authorised person may approve refunds on my behalf up to a maximum of \$10,000 per transaction.</i>

AUTHORITY

I authorise the above person to exercise my Delegation indicated above and on the conditions specified.

Delegate's position title: Name:

Delegate's signature: Date:

Email the completed form to authorisations@scu.edu.au & servicedesk@scu.edu.au