

**University of Massachusetts / Amherst
Termination of Signature Delegation**

Requestor: _____

Department: _____

Please remove delegations for the following:

Employee ID	Name	Delegation Type	Reason
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Controller's Office:

Processed on: _____

By: _____