



University of Massachusetts / Amherst  
Termination of Signature Delegation Form

Date: \_\_\_\_\_

Manager: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Department: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Please remove the following individual(s) from my delegations:

Employee ID	Name	Reason
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Controller's Office:

Processed on: \_\_\_\_\_

Initials: \_\_\_\_\_

Email Form to [chartstr@admin.umass.edu](mailto:chartstr@admin.umass.edu) or campus mail to Joanne Wheeler, Controller's Office, 405 Goodell