

Sample- Talk with your insurance agent and to your attorney or NH Bar Association (if no attorney)

Delegation of Authority

[Program name]

Issue Date: **[Date]**

DELEGATION OF AUTHORITY

AND SUCCESSION FOR THE

[Insert title of program leadership, such as "Director"]

PURPOSE

This document is to appoint authority of the **[insert same title as used above]** for **[insert program name]** in the event that he or she is unwilling or unable to continue to act in that role during a disaster or incident.

DELEGATION

I hereby authorize the below individuals, in the order listed, to exercise the powers and perform the duties of the **[title of program leadership]**, in case of my absence or inability to perform the duties, and until I am willing or able to return, or another qualified person is hired to replace me.

1. [Insert names of appointed individuals, in order of succession here]

2.

3.

Eligibility for succession to the **[title of program leadership]** shall be limited to only those persons listed above. In the event that any person appointed on an acting basis, or on some other temporary basis is unable or unwilling to serve as a successor, the order of succession would fall to the next designated person in the approved order of succession listed above.

AUTHORITIES [if any, otherwise remove this section]

[Insert title of program policy or directive]

(Please Note: Authorities may include hiring, firing, training, scheduling, payroll, advertising, etc.)

CANCELLATION

This delegation shall run until revoked by delegating official or his/her successor.

[Signature of Program's Leadership]

[Program's Leadership name]

[Program's Leadership title]

[Program name]

[Date]

[Signature of Legal Counsel]

[Legal Counsel's name]

[Legal Counsel's title]

[Organization Name]

[Date]