TEMPORARY DELEGATION AUTHORIZATION FORM

TEMPORARY SPECIFIC FUNCTIONS & POWER DELEGATION

Date ____/_____/_____

To: _____

EBC HEALTH ESTABLISHMENT – PNG
OFFICE OF NATIONAL HEALTH DIRECTOR

Attention: _____

_____

Copy: _____

_____

From: _____

_____

_____

SUBJECT: **SEEKING APPROVAL TO DELEGATION OF DUTY**

For your advice and /or approval, I hereby submit the information to seek your approval to the request to delegate my duties to appropriate officer during my absence.

My Duties:

1. .____
2. .____
3. .____
4. .____

Reasons & Comments:

_____

_____

_____ _____

Name & Surname **Signature**

DECISIONS: Office of Health Secretary/ Advisor / Chairman:

1. **DUTIES (REFER TO ABOVE)**
   - **I.** ☐
   - **II.** ☐
   - **III.** ☐
   - **IV.** ☐
   - **V.** ☐
2. **COMMENTS:** _____
   _____
3. **PAY INSTRUCTION/S**
   - ❑ **Deduction to Pay: (Delegating Officer).** _____
   - ❑ **Officer taking the responsibility:**
     - ✓ **Allowances Payable/ Not payable.**

     _____
     _____
     _____
     _____
     _____

APPROVAL:

Approval in consultation with ☐ **Program Officer,** ☐ **Project Officer,** ☐ **Accountant,** ☐ **Pay office.**

_____
Signature & Official Stamp

Note:
1. Original letter back to Delegating officer
2. Copy to HR & Pay office
3. Copies to appropriate Officers
4. Delegating officer to fill in 'TEMPORARY DELEGATION FORM' & send original to NHS office and CC to HR & pay office plus appropriate office applicable.