Delegation Request Form

|  |  |
| --- | --- |
| Supervisor Name |  |
| Employee Name |  |
| Date |  |

|  |  |
| --- | --- |
| Describe Required Result |  |
| Completion Date |  |
| Allocated Resources |  |
| Training and Instruction Required |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Tasks Required to Produce Result | Daily | Weekly | Monthly | Annually |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |