



CONTACT INFORMATION FOR PERSON COMPLETING THIS FORM

CONTACT NAME _____ **EMAIL ADDRESS** _____ **PHONE** _____

According to AS 44.17.010, “the principal executive officer of each state department may assign the functions vested in the department to subordinate officers and employees.” As provided in AAM 15.040, the Commissioner (department head) is required to sign as the Department Head on all Appointing Authority Signature forms for the department. In order to assign Appointing Authority to a subordinate officer or employee, the department head and the duly appointed authority(s) are required to complete the appropriate sections of this form and return the form to the Division of Finance.

REQUEST TYPE

**NEW COMMISSIONER /
AGENCY HEAD**

**ADD ADDITIONAL
APPOINTING AUTHORITIES**

**REPLACE EXISTING
APPOINTING AUTHORITIES**

DEPARTMENT HEAD SIGNATURE

DEPARTMENT _____
PRINTED LEGAL NAME _____ **EMPLOYEE ID** _____
SIGNATURE _____ **DATE** _____

The Department Head has delegated to the following person (people) the function of signing as the appointing authority on the following forms: ALDER User Affidavit, Authorized Security Contact Form, Field Warrant Certifying Officer Affidavit, IRIS Access Affidavit, and One Card Alaska Program Administrator AccessOnline Entitlement Authorization.

PRINTED LEGAL NAME _____ **EMPLOYEE ID** _____
SIGNATURE _____ **DATE** _____

PRINTED LEGAL NAME _____ **EMPLOYEE ID** _____
SIGNATURE _____ **DATE** _____

PRINTED LEGAL NAME _____ **EMPLOYEE ID** _____
SIGNATURE _____ **DATE** _____

PRINTED LEGAL NAME _____ **EMPLOYEE ID** _____
SIGNATURE _____ **DATE** _____

The Division of Finance must be notified immediately on revocation of delegated authority.

Submit an updated form to the Division of Finance
Email: DOA.DOF.System.Security@alaska.gov
Fax: (907) 465-2169