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CAMPUS OFFICE SERVICES & RECORDS MANAGEMENT
OFFICE OF FINANCE AND BUSINESS SERVICES

Delegation of Designee for **John Jay College Online Stockroom**

DATE: _____

TO: Academic and Administrative Chairpersons / Directors

FROM: Estefania Di Bua
Department Manager of Campus Office Services and Records Management

****When revisions are required, please list below ALL NEW and CURRENT designees. This form will become the original and will replace any existing form on file****

DEPARTMENT NAME: _____

DEPARTMENT BUDGET CODE: _____

_____	_____	_____-_____-_____	_____
PRIMARY DESIGNEE (print name)	EMAIL ADDRESS	Phone No.	Room No.

_____	_____	_____-_____-_____	_____
ALTERNATE DESIGNEE (print name)	EMAIL ADDRESS	Phone No.	Room No.

_____	_____-_____-_____	_____
Signature of Chairperson/Director	Phone No.	Date

Print Name of Chairperson/Director