

STATE UNIVERSITIES CIVIL SERVICE SYSTEM

1717 Philo Road, Suite 24, Urbana, Illinois 61802

Gail Schiesser, Executive Director

Submit to: [der@sucss.illinois.gov](mailto:der@sucss.illinois.gov)

**DESIGNATED EMPLOYER REPRESENTATIVE (DER) *DESIGNEE REVOCATION FORM***

The **Designated Employer Representative (DER) Designee Revocation Form** is used to revoke someone's specimen signature to the State Universities Civil Service System (University System) for persons authorized to sign for the DER.

1) **Place of Employment**\_\_\_\_\_

2) **NAME OF EMPLOYER DESIGNEE TO BE REVOKED** (Type/Print the name of the DER signature designee):

3) **Effective Date of Revocation\*:** \_\_\_\_\_

4) **Certification**

By signing this form, I am requesting that the University System revoke the signature authority for the above-named individual. I certify that I am the DER of \_\_\_\_\_.

(insert name of place of employment)

I hereby revoke the signature designee authorization for the above-named person to sign on my behalf.

*DER's Signature*

*Wet Ink Signature*\_\_\_\_\_ *Date*\_\_\_\_\_

*or*

*Digital*\_\_\_\_\_

*Acknowledgment of Receipt (For University System Office Use Only) Signature/Date*

***\*Enter the effective date of the revocation. Do not enter the current date unless it is the effective date for this revocation.***