## STATE UNIVERSITIES CIVIL SERVICE SYSTEM

1717 Philo Road, Suite 24, Urbana, Illinois 61802 Gail Schiesser, Executive Director Submit to: der@sucss.illinois.gov

## DESIGNATED EMPLOYER REPRESENTATIVE (DER) SIGNATURE AUTHORIZATION FORM

The **Designated Employer Representative (DER) Signature Authorization Form** is used to provide specimen signatures to the State Universities Civil Service System (University System) for persons authorized to sign the DER's approval line for all matters.

Employer	
Employer Contact Information (The individual to be cont	acted regarding this signature authorization form):
Name (Type/Print)	
Phone Number	
Email Address	
<b>NAME OF EMPLOYER DESIGNEE</b> (Type/Print the name of the designee authorized to sign or affix the signature of the DER):	
as it will appear on the material).	
as it will appear on the material).  Effective Date of Authorization*:	
as it will appear on the material).  Effective Date of Authorization*:  APPROVAL (Type/Print the Title and employer name into	the certification):
as it will appear on the material).  Effective Date of Authorization*:  APPROVAL (Type/Print the Title and employer name into I certify that I am the DER of	the certification):
as it will appear on the material).  Effective Date of Authorization*:  APPROVAL (Type/Print the Title and employer name into I certify that I am the DER of	the certification):
as it will appear on the material).  Effective Date of Authorization*:  APPROVAL (Type/Print the Title and employer name into I certify that I am the DER of	the certification):

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

Employer -- an institution or agency as specified in Section 36e of the State Universities Civil Service Act (Act) (110 ILCS 70/36e).