

Part 1, Chapter 1: Manual Exhibit 1-1-E
Example of Delegation of Authority



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Indian Health Service
Rockville MD 20857

Type of Delegation #

TO: Addressees
FROM: Director
SUBJECT: Delegation of Authority

AUTHORITY DELEGATED (INCLUDE LEGAL CITATION, FOR EXAMPLE, THE US
CODE OR CODE OF FEDERAL REGULATIONS)

TO WHOM DELEGATED

AUTHORITY TO REDELEGATE

RESTRICTIONS AND LIMITATIONS

SUPERSESSION

EFFECTIVE DATE

This delegation is effective on the date of signature.

Roselyn Tso

Addresses:
(List addresses)

NOTE: Area Offices and Service Units edit signature block as appropriate