

**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) SIGNATURE AUTHORIZATION FORM**

The **Designated Employer Representative (DER) Signature Authorization Form** is used to provide specimen signatures for the State Universities Civil Service System (University System) for persons authorized to apply the DER's signature on documents.

**ALL FIELDS ARE REQUIRED**

- 1) **Place of Employment** \_\_\_\_\_
2. **Name of DESIGNEE** to sign for DER:  
\_\_\_\_\_
- 3) **Specimen Signature** (the designee must sign [not print]/affix the DER's name followed by their name precisely as it will appear on documents under the Wet Ink Signature box).

*Designee's Signature*

Wet Ink Signature \_\_\_\_\_

*Designee's Signature*

Digital Signature \_\_\_\_\_

- 4) **Effective Date of Authorization\***: \_\_\_\_\_
- 5) **CERTIFICATION** (type/print the employer's name into the certification).

I certify that I am the DER of \_\_\_\_\_, and I hereby approve the signature delegation authorized above for the purposes of signing material.

*DER's Signature*

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

or

Digital \_\_\_\_\_

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

\_\_\_\_\_

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

**Place of Employment** -- an institution or agency as specified in Section 36e of the State Universities Civil Service Act (Act) (110 ILCS 70/36e) and a place of employment approved by the Merit Board.