



County of Henrico, Virginia

# Interoffice Memorandum

**TO:** Director of Human Resources

**SUBJECT:** Authorization to approve  
HR transaction forms

**FROM:**

**DATE:**

---

I hereby delegate authorization to the individuals noted below to approve HR transaction forms for this agency. I understand that this supersedes any previous correspondence.

| AUTHORIZATION TO APPROVE HR TRANSACTION FORMS<br>(HR Action Form, Position Action Form, Termination Form, etc.) |       |           |
|---|-------|-----------|
| NAME  | TITLE | SIGNATURE |
|   |       |           |
|   |       |           |
|   |       |           |
|   |       |           |
|   |       |           |

**SPECIAL CONDITIONS (if any):**

**AGENCY HEAD:** \_\_\_\_\_ **DATE:** \_\_\_\_\_