

## **TCSIG Joint Powers Authority Board Designation of Delegate**

I, \_\_\_\_\_, \_\_\_\_\_  
*Your Name* *Position & District*

designate \_\_\_\_\_ as the  
*Name & Position*

**Designated Delegate**

and

\_\_\_\_\_ as the  
*Name & Position*

**Designated Alternate**

to the Tri-County Schools Insurance Group Joint Powers Authority Board.

Designated Delegate email: \_\_\_\_\_

Designated Alternate email: \_\_\_\_\_

Date: \_\_\_\_\_  
*Signature*

*Both the delegate and the alternate must be Employees of the Member appointing them, and each must be either an administrator or management level Employee of the Member, except that the alternate may be a confidential Employee.*