**COLLEGE OF THE HOLY CROSS**

# **REQUEST FOR PERSONNEL SUBSTITUTE**

**FUNDING: PLEASE NOTE THAT ALL REQUESTS REQUIRING ADDITIONAL FUNDING TO EXISTING BUDGETS MUST BE ACCOMPANIED BY WRITTEN JUSTIFICATION AND MUST RECEIVE THE APPROVAL OF THE TREASURER'S OFFICE BEFORE A PERSONNEL SUBSTITUTE MAY BE ASSIGNED.**

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| --- | --- | --- | --- |
| **Date:** |       | **Department Name/Account #:** |       |
| **Period of Coverage (Inclusive Dates):** |       |
| **Reason for Coverage:** |       |
| **Replacement:** |       | **For Whom:** |       |
| **Reason:** |       |
| **Additional Help:** |       | **Reason:** |       |
| **Brief explanation of duties and responsibilities:** |
|       |
| **Special Qualifications:** |
|       |
| **Alternatives Investigated: (Please indicate the alternative courses of action you have considered to provide coverage).****Can assistance be provided through any other sources (workstudy, other departments, etc.)?** |
|       |
| **Can a combination of call forwarding and/or utilization of other department staff provide coverage during this time period?** |
|       |
| **Can adequate coverage be obtained through a shorter work schedule? Please identify hours and days required.** |
|       |
|  |
|       |  |       |
| ***Department Head*** | ***Division Head*** |
| **TO BE COMPLETED BY HUMAN RESOURCES** |
| **Person Assigned:** |       |
| **Hours/Days/ Weeks:** |       | **Rate $:** |       | **Total Approved $:** |
| **Start Date:** |       | **End Date:** |       |  |
| **Transfer Funds from: Account #:** |       |
| **to Account #:** |       |
|  |
| **Approvals:** |       |  |       |
| ***Director of Human Resources*** |  | ***Date*** |