**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:** | | | | | | | | | | | | | | | | | |
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| **Special Qualifications:** | | | | | | | | | | | | | | | | | |
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| **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.)?** | | | | | | | | | | | | | | | | | |
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| **Can a combination of call forwarding and/or utilization of other department staff provide coverage during this time period?** | | | | | | | | | | | | | | | | | |
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| **Can adequate coverage be obtained through a shorter work schedule? Please identify hours and days required.** | | | | | | | | | | | | | | | | | |
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| ***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*** | |