

College of the Holy Cross

Approval for Filling a New or Existing Position

Rev. 4/30/20

Initiator's Name:

Request Date:

| | | | |
|------------------------------------|------------------------------------|--|----------------|
| Department Name: | | Department Number: | |
| Position Title: | | Position Number: | |
| <input type="checkbox"/> Full Time | <input type="checkbox"/> Part Time | <input type="checkbox"/> Non-Exempt | Hours: _____ |
| | | <input type="checkbox"/> Exempt | Hours: _____ |
| | | Weeks: _____ | Salary Budget: |
| | | Months: _____ | |
| Position Vacancy Date: _____ | | Request to be Filled Effective Date: _____ | |
| | | Start Recruiting Date: _____ | |

Why is this a critical position requiring immediate replacement? What is the significant harm to the College's operations if this position is not filled immediately?

Explain how you are managing right now without this position? Who is doing the work? What other existing resources can you pull from during the emergency?

How long can you defer hiring? What is your management plan if not approved to fill?

Approvals for Department Requesting Review:

| | |
|--------------------------|-----------------------------|
| _____ Department Head | _____ Division (VP) Head |
| _____ Date | _____ Date |

Human Resources Recommendations & Approval

| | |
|--|---|
| Current Number of Department Openings: _____ | Business Days Position Open: _____ |
| <input type="checkbox"/> Approved to Hire _____ Chief Human Resources Officer _____ Date | Deferred Until Date: _____ CHRO Comments: _____ |
| <input type="checkbox"/> Approved to Hire _____ President _____ Date | Deferred Until Date: _____ President Comments: _____ |