College of the Holy Cross

Approval for Filling an Existing Position

Temporary Form for Approval

To be completed by requesting department:

Department: _____ Department Number: _____

Position Title: _____ Position Number: _____ Reports To Title: _____

Non Exempt: Hours _____ Weeks _____ Part Time ☐

Exempt: Hours _____ Weeks _____ Full Time ☐

Position Vacant Effective Date: _____ Request to be Filled Effective Date: _____

In the space provided below, explain how long this position could be deferred without causing significant impact to your operation. Or, justify the need for immediate replacement.

Department Head	**Date**	**Division Head**	**Date**

Director of Administrative Services — **Date**

Approved to Hire ☐ **Deferred Until** _____

Approved Budget $ _____

Comments:

VP for Administration & Finance — **Date**

Approved ☐ **Declined** ☐

Comments:

President — **Date**

Approved ☐ **Declined** ☐

Comments: