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:

College of the Holy Cross
Title: Approval to Fill an Existing Position Form
Effective: December 2, 2008