**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 FINANCE OFFICE BEFORE A SUBSTITUTE MAY BE ASSIGNED.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date:** |  | | | | | | | **Department Name/Account #:** | | | | | | |  | | |
| **Period of Coverage (Provide date Range):** | | | | | | | | | | | | | | | **Indefinite/until permanent hire:** | | |
| **Reason for Coverage:** | | | | | |  | | | | | | | | | | | |
| **Replacement:** | | | |  | | | | | | | | | | | **\*Work Location(list if not HC):** | |  |
| **For Whom:** | | | |  | | | | | | | | | | | | | |
| **Brief explanation of duties and responsibilities(or attach job description):** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Special Qualifications:** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Indicate the alternative courses of action you have considered to provide coverage.(Can assistance be provided through any other sources (e.g. work study and other departments)** | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | |  | | |  | | | | | |
| ***Department Head*** | | | | | | | | | | | ***Division Head*** | | | | | | |
| **TO BE COMPLETED BY HUMAN RESOURCES** | | | | | | | | | | | | | | | | | |
| **Person Assigned:** | | | | |  | | | | | | | | | | | | |
| **Hours:** | | | | | | | **Days:** | | | **Weeks:** | | | | | | **Rate$:** | |
| **Start Date:** | | |  | | | | **End Date:** | | |  | | | | | | **HCID(if applicable):** | |
| **Transfer Funds from: Account #:** | | | | | | |  | | | | | | | | | | |
| **to Account #:** | | | | | | |  | | | | | | | | | | |
| **Approval:** | |  | | | | | | | | | | | | | | | |
| ***Director, Human Resources*** | | | | | | | | | | | | |  | ***Date*** | | | |