**COLLEGE OF THE HOLY CROSS**

# **REQUEST FOR TEMPORARY SUBSTITUTE**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date:** | | 2/19/2019 | | | | | | | | | | **Dept. Name & Acct. #:** | | | | | | | |  | | | | | |
| **Period of Coverage** | | | | | | **From:** | | | Start Date | | | | | | | | | **To:** | End Date | | | | ***Or:* Indefinite/Until Permanent Hire:** | |  |
| **Work Schedule (Days/Hours):** | | | | | | | | | | |  | | | | | | | | | | | | | | |
| ***Reason for Coverage:*** | **Temp. Leave Substitution:** | | | | | | |  | | **For Whom:** | | | | |  | | | | | | | | | | |
| **Leave Reason:** | | | | | |  | | | | | | | | | |
| **Temp. for Vacant Position:** | | | | | | |  | | **Vacant Position:** | | | | | | |  | | | | | | | | |
| **Temp. Additional Help:** | | | | | | |  | | **Reason:** | | | |  | | | | | | | | | | | |
| **Brief explanation of duties and responsibilities(indicate source of funding chart string):** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Special Qualifications:** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Alternatives Investigated: (Please indicate the alternative courses of action you have considered to provide coverage).**  **Can assistance be provided through any other sources (work study, other departments, etc.)?** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Can a combination of call forwarding and/or utilization of other department staff provide coverage during this time period?** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Can adequate coverage be obtained with a longer work schedule for current staff? Please identify hours and days required.** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Identify Source of Funding:** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |  |  | | | | |
| ***Position Manager*** | | | | | | | | | | | | | | | | | | | | ***Divisional Budget and Operations Head*** | | | | |
| **TO BE COMPLETED BY HUMAN RESOURCES & BUDGET**  **Human Resources Approval: Date:** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Person Assigned:** | | | | |  | | | | | | | | | | | | | | | | | | | | |
| **Hours/Days/Weeks:** | | | | | | |  | | | | | | | | | | | | | | **Rate$:** | $ hr | | | |
| **Start Date:** | | |  | | | | | | | | | | | | | | | | | | **End Date:** |  | | | |
| **Transfer Funds** | | | | **From Account #:** | | | | | | | | |  | | | | | | | | | **Transfer Amount:** | |  | |
| **To Account #:** | | | | | | | | |  | | | | | | | | |
| **Approvals** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |  |  | | | | |
| ***Director of Human Resources*** | | | | | | | | | | | | | | | | | | | | ***Associate Director for Budget*** | | | | |