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| **Section 1: To Be Completed by Hiring Department** | | | | |
| **Date:** Click or tap to enter a date. | | **Dept. Name & Account #:** Click or tap here to enter text. | | |
| **Period of Coverage:**  **From:** Click or tap to enter a date. **To:** Click or tap to enter a date. OR **Indefinite/Until Permanent Hire** | | | | |
| **Work Schedule (Days/Hours):** Click or tap here to enter text. | | | | |
| **Reason for Coverage** | **Temporary Leave Substitution** | |  | **For Whom:** Click or tap here to enter text. |
| **Leave Reason:** Click or tap here to enter text. |
| **Temporary Coverage for Vacant Position** | |  | **Vacant Position:** Click or tap here to enter text. |
| **Temporary Additional Help** | |  | **Reason:** Click or tap here to enter text. |
| **Brief explanation of duties and responsibilities:** | | | | |
| Click or tap here to enter text. | | | | |
| **Special Qualifications:** | | | | |
| Click or tap here to enter text. | | | | |
| **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.)?** | | | | |
| Click or tap here to enter text. | | | | |
| **Can a combination of call forwarding and/or utilization of other department staff provide coverage during this time period?** | | | | |
| Click or tap here to enter text. | | | | |
| **Can adequate coverage be obtained with a longer work schedule for current staff? Please identify hours and days required.** | | | | |
| Click or tap here to enter text. | | | | |

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| **Identify Source of Funding Chart String** | |
| Click or tap here to enter text. | |
| Click or tap here to enter text. | Click or tap here to enter text. |
| **Position Manager** | **Divisional Budget and Operations Lead** |

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| **Section 2: To Be Completed by the Office of Human Resources and Budget** | | | | | |
| **Person Assigned/Reports To:** | | Click or tap here to enter text. | | | |
| **Person Managing Time in Kronos For Temp Employee** | | Click or tap here to enter text. | | | |
| **Person Assigned:** | Click or tap here to enter text. | | | | |
| **Hours/Days/Week:** | Click or tap here to enter text. | | | **Pay Rate:** | Click or tap here to enter text. |
| **Start Date:** | Click or tap to enter a date. | | | **End Date:** | Click or tap to enter a date. |
| **Position Number:** | Click or tap here to enter text. | | | **Job Code:** | Click or tap here to enter text. |
| **Transfer Funds** | **From Account #:** | | | Click or tap here to enter text. |  |
| **Transfer Funds**  **Total Transfer Amount:** | **To Account #:** | | Click or tap here to enter text. | | |
| Click or tap here to enter text. | |  | | |

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| **Approvals** | |
| Click or tap here to enter text. | Click or tap here to enter text. |
| **Chief Human Resources Officer or Director of Human Resources** | **Associate Director for Budget** |