



Request for Approval to Fill Critical Personnel Vacancy

1. Division _____
2. Department _____
3. Position Title _____
4. Position Number _____
5. Budgeted Amount for Position _____
6. No. of Hires Requested for Position Title _____
7. Fund Sources: % State Funds _____ % Tuition Dollars _____
 % Other Funds _____ Fund Source _____
8. Estimated Hiring Date _____
9. Replacement Position? _____ New Position? _____
10. Name of Employee Being Replaced _____
11. Contact Person/Phone Number for Additional information:

12. Justification Statement
Critical impacts associated with hiring delay (programs & potential loss of other revenue).
Time sensitivity of need.
Number of positions currently performing the same job.

Submitted By: _____

Date: _____

Vice President Approval: _____

Date: _____