College of Charleston
Request for Return of Funds to Fill Classified, Permanent Vacancy with Temporary or Student Staff

Date: ______________

TO: Matthew Nichols, Budget Director, Budgeting & Payroll Services

FROM: ____________________________________________________________

Department: ____________________ Phone Number: ______________

It is requested that funding from the swept vacancy monies be returned to allow the following person to fill the position described below as a temporary or student staff member.

Title: ____________________________________________________________

Last filled by: ______________________________________________________

Name of temporary or student employee: ______________________________

Contract start date: ____________ Contract end date: ________________

Hourly rate: ____________ Lump sum: ____________ Hours per week: ______

Estimated total earnings: ________________ Account #: ______________

Comments: ______________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

Department Head Date