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

Date: _______________

TO: Samuel B. Jones, Associate Vice President, 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