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

Date: ______________

TO: Samuel Jones, Sr. VP Fiscal 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: _____________________________________________________________________

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Department Head                           Date