

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

Date: _____

TO: Brenda G Burbage, 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:

Title: _____

Last filled by: _____

Name of temporary or student employee: _____

Contract begin date: _____ Contract end date: _____

Hourly Rate: _____ Lump Sum: _____ Hours per week: _____

Estimated total earnings _____ Account #: _____

Comments: _____

Department Head (Date)