

**TOMPKINS CORTLAND COMMUNITY COLLEGE**

**REQUEST TO FILL A POSITION**

Submitted by: \_\_\_\_\_

Title of Position: \_\_\_\_\_  
Professional ( ) Faculty ( ) Classified ( )

Name of Staff Person Replacing: \_\_\_\_\_

Permanent Position: ( ) Yes ( ) No \_\_\_\_\_ FTE

Temporary Position: ( ) Yes ( ) No \_\_\_\_\_ FTE

Desired date to fill position: \_\_\_\_\_

If temporary, date permanent employee will return: \_\_\_\_\_

Account Code: \_\_\_\_\_

Amount Budgeted: \_\_\_\_\_ Amount Remaining: \_\_\_\_\_

**JUSTIFICATION:**

Provost: \_\_\_\_\_ ( ) Approved ( ) Disapproved Date: \_\_\_\_\_

Dean: \_\_\_\_\_ ( ) Approved ( ) Disapproved Date: \_\_\_\_\_

President: \_\_\_\_\_ ( ) Approved ( ) Disapproved Date: \_\_\_\_\_

Budget & Finance Director: \_\_\_\_\_ ( ) Approved ( ) Disapproved Date: \_\_\_\_\_

Human Resources Administrator \_\_\_\_\_ Date: \_\_\_\_\_