Wellesley College Transition Request Form

This form should be completed when a department needs staffing support during a transitional period. Transitional requests include the use of temporary agencies, casual wage employees, term appointments, interim appointments or increasing hours for existing employees **when vacancy dollars will be used to fund the request.** A one month vacancy is required before the dollars may be used to fund this request. This form must be approved **before** dollars are spent.

Date: Departm	nent:
Position # and position description or name of incumbent who left the position:	
Date position vacant: Expecte	d date position will be filled:
Budgeted salary for position:	Anticipated savings:
Type of transition request: Interim Appointment Term Appointment Casual Wage Employee Increase in FTE of existing employee	
Provide details of transition request with cost detail:	
Wage Rate (after consultation with Human Resources):	
Position filled by:	
Dept Head Signature:	Division Head Approval:
Budget Approval:	HR Approval:

Processing Instructions:

An activity code will be assigned to this Transition Form after budget approval. It is the **department's responsibility** to ensure that this activity code is coded in Banner for all charges associated with this transition request. Budget transfers will be made quarterly based on charges to this activity code.

Activity Code Assigned: _____