

REQUEST TO FILL POSITION

TO: Commissioner,
Office of Higher Education

Appropriation
Account No: _____

Account No: _____

Position No: _____

DATE: _____

Position Title: _____

Desired effective date:
(Pay period beginning)_____

Date position became vacant:_____

Reason for Vacancy:

- retirement death
- resignation leave for: _____
(fill in reason)
- transfer
- promotion other

Replacing: _____
(Name)

Please complete this area for
classified vacancies only:

Days off:

Shift:

Building:

DEMONSTRATION OF NEED: (Attach additional sheets if necessary)

DEMONSTRATION OF FUNDING: (include any tradeoffs of positions)

For U.R.I. Budget Office Only

Approved:

U.R.I. Budget Officer

Date

___ Position is permanent

___ Position is limited to _____