REPLACEMENT PERSONNEL REPORT

DEPARTMENT

CAMPUS ADDRESS

CONTACT NAME/TITLE

______________________________________________

______________________________________________

(NAME OF RECIPIENT)                         (PERIOD OF LEAVE)

EFFECTIVE   TO

TOTAL  SALARY

OPS REPLACEMENT PERSONNEL    DATE OF EMPLOYMENT

1. __________________________  _______

2. __________________________  ________

3. __________________________  ________

4. __________________________  ________

THE REPLACEMENT PERSONNEL LISTED ABOVE WILL:

____   DIRECTLY ASSUME DUTIES OF GRANT RECIPIENT.

____   PERFORM SUPPORT RESPONSIBILITIES TO ALLOW A CURRENT EMPLOYEE TO PERFORM DUTIES OF GRANT RECIPIENT.

IDENTIFY CURRENT EMPLOYEE ______________________________________

(NAME AND TITLE)

THE _______________________________CERTIFIES THAT THE ABOVE INFORMATION IS ACCURATE AND UNDERSTANDS THAT ANY CHANGE IN THE STATUS OF REPLACEMENT PERSONNEL AS INDICATED WILL BE IMMEDIATELY REPORTED TO THE HUMAN RESOURCES DEPARTMENT (644-8082).

_____________________________

(AUTHORIZED SIGNATURE)

_____________________________

(TITLE)

_____________________________

(DATE)