

SAVANNAH STATE UNIVERSITY
Request for Approval to Fill Critical Personnel Vacancy

Division/College: _____

Unit/Department: _____

Position Title: _____

No. of hires requested for position title: _____

Total Salary & Benefits (Annually): _____

Fund Sources _____ **% State Funds** _____

Cost of total Current Vacant Positions for the Program: _____

Estimated Hiring Date: _____

Replacement Position: _____

Contact Person/Phone Number for Additional Information:

Justification Statement:

(Include critical impacts associated with hiring delay [program and potential loss of federal/other funding.] Time sensitivity of need and number of positions (if any) currently doing the same job)

Submitted by: _____ Date _____

Department Head: _____ Date _____

Vice President: _____ Date _____

President: _____ Date _____

Submit this form with each request to hire. Please submit one form per job position title. Same position titles can be placed on one document.