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: _________________________ Department: ______________________________________________

Position # and position description or name of incumbent who left the position:

Date position vacant: ______________ Expected 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: ____________________________