

**NON-FACULTY POSITIONS**

**NEW YORK INSTITUTE OF TECHNOLOGY**

**TEMPORARY SUPPORT REQUEST/AUTHORIZATION**

**Section I: To be completed by requesting dean/chair/director/supervisor.  
(After completion of Section I, send form to Office of Human Resources.)**

Department Name: \_\_\_\_\_  
Department #: \_\_\_\_\_  
Account #: \_\_\_\_\_  
Position Title: \_\_\_\_\_  
Length of Assignment: \_\_\_\_\_ Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Number of Hours Per Week: \_\_\_\_\_  
Hourly Rate: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for Temporary Support: (please check reason and provide requested information)  
\_\_\_\_ Vacant Position Name of Previous Incumbent: \_\_\_\_\_  
\_\_\_\_ Leave of Absence Name of Employee on Leave: \_\_\_\_\_  
\_\_\_\_ Project Support  
\_\_\_\_ Other (attach explanation)

Responsibilities or Position Duties:

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Position Qualifications/Requirements (Education/Experience/Skills):

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Requestor's Name: \_\_\_\_\_  
Requestor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section II: To be completed by Human Resources. (Human Resources to obtain required approvals.)**

For vacant position, date of termination: \_\_\_\_\_  
For leave of absence: \_\_\_\_\_  
- type of leave and effective date \_\_\_\_\_  
- employee status (F/T or P/T) \_\_\_\_\_  
- salary level \_\_\_\_\_  
- length of salary continuance (if applicable) \_\_\_\_\_

Required Approvals:

Dean/Division Head Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
VPAA/CFO/NYCOM Dean: \_\_\_\_\_ Date: \_\_\_\_\_  
Budget Manager: \_\_\_\_\_ Date: \_\_\_\_\_

| For Human Resources Use Only | For Budget Use Only |
|------------------------------|---------------------|
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