

Hiring Justification Form

Program Name: _____

Position: _____

Index No: _____ Fund: LOCSTG

Hiring Date: Beginning: _____ Ending: _____

Why this position should be considered as critical. (Purpose and Benefits):

Prepared by: _____ Signature: _____

Contact Number: _____ Date: _____

Note: This section for University use only.

Approvals:

Associate Dean of Student Affairs

Date

Vice President of Student Affairs

Date

Reviewed by:

Accounting & Budget Office Coordinator

Date