

SECTION A: TO BE COMPLETED BY THE DEPARTMENT

Once you have filled out your portion of the form, it must be forwarded to the Registrar's Office to the attention of the Staffing Coordinator. **Please keep a copy for your records.**

Year: - Discipline: _____
NUMBER NAME

Status:

Residual full-time | Replacement full-time | Replacement sick leave |
 Residual part-time | Replacement part-time |

Replacement for: _____ Employee number: _____
NAME OF EMPLOYEE TO BE REPLACED IF KNOWN

Course no.	Course Title**	Section no.	Fall	Winter
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		

**Indicate title if it is different from title entered on master course file. Attach sheet if additional lines are required.

Signature: _____ Date: _____

SECTION B: TO BE COMPLETED BY THE REGISTRAR'S OFFICE

Once approved and dated please forward the form to Human Resources to the attention of a Faculty Administrative Technician for posting purposes. **Please keep a copy your records.**

Workload: Fall: _____ Winter: _____ Posting no.: _____

Authorization to post: _____ Date: _____

FOR HUMAN RESOURCES USE ONLY				
Posting no.	Assigned to	Employee no.	Yrs. of Schooling	Yrs. of Experience