

DATE		
TRANSMITTAL MEM	ORANDUM	
TO:		
VIA:		
FROM:		
Subject: Requ	est to Announce	
Employee: Position Title: Unit and Department Nature of Action: Hourly Rate: Work Hours: Effective Date: Benefits: Account Number:	nt:	
Minimum Qualifica	ations:	
Preferred Qualifica	itions:	
Character of Duties	s:	
Certification of Funds:		Approved:
Gloria Travis		Cathleen Moore-Linn

Executive Director

RCUOG Chief Business Officer

