

Process Level: _____

Dept. Code: _____

Accounting Unit: _____

EMPLOYEE REQUISITION FORM

Departmental Organization Chart and Job Description must accompany all requisitions. Job Descriptions must be sent in Word format to Human Resources via <u>Ryan.Barbera@archny.org.</u>

	Date:	Date:	
Job Title:	Department:		
Location:	Supervisor:		
	Reevaluation/Restructuring of an existing pos	ition	
Is position to be filled <u>only</u> by a Religious or Clergy?	Yes No		
Is position Exempt or Non-Exempt? Exempt	Non-Exempt (If Non-Exempt, positio	n must be hourly)	
Position Status: 🗌 Full-Time 🗌 Part-Time 🗌 7	Temporary/Intern Position Pay Status:	Salaried or 🗌 Hourly	
Start Date Desired: If Temporary	y/Intern, End Date is:		
If Hourly, Average Weekly Work Hours:			
Annual Salary/Hourly Rate: (must list min/max) Mir	nimum \$ Maximum \$	L	
Name of Last Incumbent:	Last Incumbent Salary:		
Termination/Resignation/Retirement Date:			
Who Will Conduct Interviews?	Phone/Ext.:		
Email Address that resumes will go to:			
Is this position budgeted? Yes No Reviewed	d by:	/ /	
Is this position budgeted? Yes No Reviewed	Finance/Budget Department	Date	
Department Director		//	
Department Director Date	Chief Financial Officer	Date	
Human Resources Representative / Date /	Vicar General/Chancellor	/ <u></u> /	
REQUISITIONS WILL EXPIRE AFTER 6	MONTHS FROM THE APPROVAL DATE IF		
	Date Initials		
1: Initially Received by Human Resources	//		
2: Approval Received by Human Resources	//		
Comments Section:			