



ARCHDIOCESE OF NEW YORK

Process Level: \_\_\_\_\_

Dept. Code: \_\_\_\_\_

Accounting Unit: \_\_\_\_\_

OFFICE OF HUMAN RESOURCES - EMPLOYEE REQUISITION FORM

A copy of the position description must accompany this form & be sent in MS Word format to Human Resources via Anthony.LoBello@archny.org. A Departmental Organization Chart must accompany all requisitions.

Date: \_\_\_\_\_

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

Location: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Input boxes for New Position, Replacement, and Reevaluation/Restructuring of an existing position.

Is position to be filled only by a Religious or Clergy? Yes No

Is position Exempt or Non-Exempt? Exempt Non-Exempt

If Non-Exempt is checked, position must be hourly.

Input boxes for F/T, P/T, Temporary/Intern, Hourly, and High School/College Student only.

If Temporary, End Date: \_\_\_\_\_ If Hourly, Average Weekly Hours: \_\_\_\_\_

Start Date Desired: \_\_\_\_\_ Starting Annual Salary Range: \_\_\_\_\_

Name of Last Incumbent: \_\_\_\_\_ Last Incumbent Salary: \_\_\_\_\_

Termination/Retirement Date \_\_\_\_\_

Who will conduct interviews? \_\_\_\_\_ Ext.: \_\_\_\_\_

Email address that resumes will go to: \_\_\_\_\_

Is this position budgeted? Yes No Reviewed by: \_\_\_\_\_ Finance/Budget Department \_\_\_\_\_ Date

Department Director \_\_\_\_\_ Date Division Executive/CFO \_\_\_\_\_ Date

Human Resources Rep. \_\_\_\_\_ Date Chancellor \_\_\_\_\_ Date

REQUISITIONS WILL EXPIRE AFTER 6 MONTHS FROM THE APPROVAL DATE IF UNFILLED DO NOT WRITE BELOW THIS LINE

Table with 4 rows and 3 columns: Item number, Description, Date, Initials.

Comments: \_\_\_\_\_