



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

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

OFFICE OF HUMAN RESOURCES
EMPLOYEE REQUISITION FORM

ONE COPY OF THE POSITION DESCRIPTION MUST ACCOMPANY THIS FORM
POSITION DESCRIPTION MUST BE SENT IN WORD DOCUMENT FORMAT TO HR via Christopher.Sepe@archny.org

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

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

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

checkbox New Position checkbox Replacement checkbox Reevaluation/Restructuring of an existing position

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

checkbox F/T checkbox P/T checkbox Temporary/Intern checkbox Hourly checkbox 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.: \_\_\_\_\_

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

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

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

ALL REQUISITIONS APPROVAL WILL EXPIRE AFTER 6 MONTHS FROM APPROVAL DATE IF NOT FILLED.
DO NOT WRITE BELOW THIS LINE

Table with 3 columns: Item, Date, Initials. Rows include: 1. Initially Received by Human Resources, 2. Approval Received by Human Resources, 3. Position Posted Internally via E-Mail, 4. Position Posted Externally via archny.org and others

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