



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: _____

New Position Replacement Reevaluation/Restructuring of an existing position

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

F/T P/T Temporary/Intern Hourly 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? 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**

	Date	Initials
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: _____