MARYWOOD UNIVERSITY REQUEST FOR NEW/REPLACEMENT POSITION

A. TO BE COMPLETED BY IMMEDIATE SUPERVISOR:

Department		Budget Number			
Job Title		☐ Hourly or ☐ Sal	aried	☐ Replacement or ☐ New	
Name of Current					
Employee Being Replaced		Last Date of Work f	or	Click or tap to enter a	
(if applicable)		Current Employee		date.	
Preferred Start Date					
for New Hire	Click or tap to enter a date.				
Indicate if Position is:		☐ FT ☐ PT ☐ 10-month ☐ 12-month			
Please check all that apply.		☐ Temporary from to			
Number of Scheduled Hours per Week:		☐ 20 ☐ 35 ☐ 40 ☐ Other hrs./wk.			
Work Day Start Time: AM/PM		Work Day End Time: AM/PM			
Scheduled Days per Week:		☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri			
		☐ Sat ☐ Sun			
Does this position require working with minors?			☐ Yes or ☐ No		
Please designate a mentor, who will serve as a resource for the employee from date of hire through the initial weeks of employment, for the new hire.		Mentor Name:			
		Mentor Title:			
		Mentor Email:			
B. TO BE COMPLETED BY A	1	hour	1		
Approved Hourly Rate for Non-Exempt Employee Approved Annual Salary for Exempt Employee		\$ per hour \$ per year			
	est may be honored, the approp		must si	gn below.	
Signature of Area VP Date:					
Signature of VPFA	Date:				
C. TO BE APPROVED BY THE PRESIDENT (required for NEW positions) Signature of President Date: D. TO BE COMPLETED BY HUMAN RESOURCES:					
New Hire Name		Date of Hire:			
Approved Start Date		Vage/Salary			
Signature of Executive Director of Human Resources				Date:	