Creating or Filling Hourly Position

RETURN TO HUMAN RESOURCES BEFORE **5** DAYS OF START DATE

For Completion by Department Supervisor – Job Information

Job Title:_____ Dept.: _____ Hourly Pay Rate: $_____

Approximate Weekly Hours: _____ Name of Incumbent (if applicable):_____

General Ledger Acct. Number: _1_ . __ . __ __ __ __ . __ __ __ __
Campus Department Account

Brief Job Description (or attach):_____

_____

If employee works, or has worked, for other departments on campus, I have contacted current or prior supervisor(s) for reference. Yes ☐ N/A ☐

_____ _____ _____
Department Supervisor's Signature Department Supervisor's Name (Print) Date

Complete a separate form for each job and pay rate. If multiple employees will work the same job described above, multiple names can be submitted at once.

Provide the following name(s) and email address(es) and, following Treasurer's approval, Human Resources will invite the employee(s) to onboard electronically.

Employee Name	Employee Email Address	Start Date (MM/DD/YY)	New Hire / Existing (Can be completed by HR if unknown)

Return to Human Resources by scan and email to HR@nyack.edu or fax (845) 353-4829.

Human Resources Office Use Only

_____ _____
Treasurer's Signature Date

Received by Payroll: _____ YTD Budget: _____% Scanned Date: _____