

EMPLOYEE REQUISITION *

(*Contractor? Use Contractor Requisition)

First Presbyterian Church of Conroe

Position Title _____

Department _____ Date Needed By ____/____/____

Application Deadline Date: ____/____/____ (Positions shall be posted minimum 5 business days)

Date Submitted ____/____/____ By Supervisor Name/Signature _____

Have the duties of this position changed? Yes No

If yes, provide details in position information; if no, attach current position description. Description attached? Yes or No

Full Time Part Time (# hours/week: _____) Regular Temporary until ____/____/____

Position category Clergy Program Staff Support Staff

If not established,

Request position to be Exempt Nonexempt **Admin Determination:** E NE _____
Admin Signature

Reason for Hiring (Check only one below and provide requested information)

1. ___ Budgeted New Position Budgeted Pay Grade or Pay Range _____
(provide details in position information below)
2. ___ Budgeted Replacement for _____ Budgeted Pay Grade or Range _____
Job title of person being replaced _____ Their Pay Grade or Range _____
3. ___ Non-Budgeted New Position (Separate Session approval will be required)
(provide job details in position information below)

Date of Session Approval / / Proposed Pay Grade:

Signature of Authorized Session Member: Date Signed / /

Position Information (Complete if no job description exists or the position has changed. If this section is **not** completed, a current description must be attached.) Is religious affiliation a bona fide occupational requirement of this position? Yes No

Desired Education, Experience, and Special Qualifications:

Administrative Approvals:

Approval #1 _____ **Date** ____/____/____
Supervisor's Signature Printed Name

Approval #2 _____ **Date** ____/____/____
Sr. Pastor Signature David H. Green

Approval to Make Job Offer
(This section to be completed by Administration only)

Name of Applicant _____ **Prop. Wage** _____ **Prop. Start Date** _____

Reason for Hire _____

Approved by _____ **Date** ____/____/____

Requisition Officially Closed on: / / **Person Hired:**

Job or Work Physical Attributes Addendum – [insert Job Title]

Complete this addendum *only* if a current job description is not attached. This information is often needed for legal reasons.

PHYSICAL EFFORT

A. Lifting

Is lifting required on the job? Yes No

If yes, please complete:

Above the shoulder

Shoulder to knee

Knee to floor

Maximum weight to be lifted independently pounds

Maximum weight to be lifted with assistance pounds

Assistant device using pounds

Lifting over 50 pounds; no assistance: times per hour; per day

Lifting under 50 pounds; no assistance: times per hour; per day

Lifting 25 to 50 pounds; times per hour; per day

B. Carrying

Is carrying required on the job? Yes No

If yes, please complete:

Maximum weight to be carried

Distance to be carried _____

Carrying over 50

Carry under 50

Carrying 25 to 50 pounds: times per hour; per day

Carrying 10 to 25 pounds: times per hour; per day

Carrying 0 to 10 pounds: times per hour; per day

C. Vision

Are there any vision requirements associated with the job? Yes No

If yes, please complete:

Depth perception Ability to distinguish basic colors

Ability to adjust vision to bring objects into focus Ability to see peripherally

Specific visual requirement(s) (specify) _____

D. Hearing

Are there any hearing requirements associated with this job? Yes No

If yes, please describe: _____

Job or Work Physical Attributes Addendum, cont. – [insert Job Title]

E. Miscellaneous Physical Tasks

Please indicate other physical tasks required in the job.

- _____ Continuously sedentary position
- _____ Mostly sedentary work
- _____ Occasional standing/walking
- _____ Occasional prolonged standing/walking
- _____ Frequent prolonged standing/walking
- _____ Prolonged; extensive or considerable standing/walking
- _____ Manual dexterity and mobility
- _____ Use of hands for basic grasping/manipulation
- _____ Use of hands for fine manipulation
- _____ Occasional reaching; stooping; bending; kneeling; crouching
- _____ Other (specify): _____

F. WORKING CONDITIONS

Please indicate the working conditions that apply to the job and the approximate % of time over the course of a year.

- _____ Excessive Cold % of Time _____
 - _____ Excessive heat or humidity..... % of Time _____
 - _____ Dust or other irritants % of Time _____
 - _____ Grease and oils % of Time _____
 - _____ Infectious and contagious diseases % of Time _____
 - _____ Hazardous substances or specimens % of Time _____
 - _____ Electrical/mechanical/power equipment hazards % of Time _____
 - _____ Odorous chemicals or specimens % of Time _____
 - _____ High location % of Time _____
 - _____ Severe weather conditions % of Time _____
 - _____ Prolonged work hours % of Time _____
 - _____ Other (specify) _____ % of Time _____
- Total % Time** _____ (Total cannot exceed 100 %.)

Analyzed by _____ Analyst's Function _____ Date _____