Catholic Diocese of Rockford

Employment Authorization Form

Please be advised that no one may offer a paid position to any individual without the advance approval of Bishop Thomas G. Doran.

From: Parish/School/Diocesan Agency _____ City_____

Date: _____

I hereby request permission to fill the following position:

Position: _____

Name of Possible Employee: _____

This is a: ☐ new position ☐ replacing an existing position

If a new position, explain the necessity of the position. If replacing an existing position, explain why you cannot fulfill the duties of that position with existing personnel.

_____
_____
_____
_____

Intended salary offer: $_____ (this may be a range, e.g., $10 to $11 per hour, or $20,000 to $22,000 per year, etc.)

This position requires _____ hours per week.

Is this a contract position? ☐ yes ☐ no

Employment start date: _____

Submitted by: [Please note: Requests for hiring parish employees must be submitted by the Pastor or Parochial Administrator, school employees by the Principal or Superintendent, and diocesan agency employees by the Department Director.]

_____ _____ _____

Signature Printed Name Date

Mail this authorization form to:

Most Rev. Thomas G. Doran, D.D., J.C.D.
Bishop of Rockford
P.O. Box 7044
Rockford, IL 61125

Or you may fax this form to: (815) 399-4769