## **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 David J. Malloy.

From: Parish/	School/Diocesan Agend	cy:	NoCity:	
Date:				
I hereby reque	est permission to fill the	following position:		
Positio	on:			
	of possible Employee: _note a name must be submitted for			
This is	s a: New Positi	on Replacing ar	Existing Position	
If repl	acing an existing position	on, name of Employee beir	g replaced:	
			position. If replacing an exionistion with existing person	
Intended salar (This may be a rang	y offer: \$	7,040.00 to \$29,120.00 per year, etc	.)	
This position 1	requiresh	ours per week.		
	ground check on this Encopy of completed back	nployee completed; no issi ground check results)	ues indicated: Yes	No
Is this a contra	act position?	es No		
Is a Teaching	Waiver required?	Yes No		
Employment s	start date:			
Submitted by:		ployees by the Principal or Su	must be submitted by the Past perintendent, and diocesan agen	
Signature		Printed Name	Date	
To submit form	m, please email to:	Coco Zeman, Assistant to Bishop David J. Malloy czeman@rockforddiocese.org		
Or you may fax to:		(815) 399-4769		