

AUTHORIZATION TO USE STRONG STAFFING FOR DIVISIONS 40, 50 & 60

This form must be completed and forwarded to your Directors' Office or Finance for signature to authorize the use of temporary help during the hiring freeze. Signed forms should be forwarded to **Strong Staffing** who will contact the requestor with the name(s) of qualified candidate(s).

Requested By: _____ Date of Request: _____

Dept Name: _____ Div/Dept #: _____ Box # _____

Location (Bldg/Room) _____ Telephone #: _____ Fax #: _____

Job Title of the Requested: _____

Patient Contact? No Indirect Patient Contact Hands On Patient Contact

Does the Temporary Need to Attend Nursing Practice Orientation (NPO) ? _____ **Yes** _____ **No**

Reports to: _____ Telephone #: _____ Fax #: _____

Reason Needed (circle or highlight one): Vacancy Disability Extra Work LOA
Other (explain) _____

Start Date: _____ Est. End Date: _____ Schedule: _____ to _____ Wkly Hours: _____

Pay Rate _____ With Overhead Rate: _____ Estimated Total Dollars Required: _____

Company Code _____ **FAO #** _____ **Spend Category** _____

Candidate already identified? _____ Yes _____ No If yes, name: _____

Job Description (please list specific job duties or attach functional job description).

Special Skills (MS Word, Excel, Power Point, medical terminology, etc): _____

Will this job involve working with Minor Children? _____ **Yes** _____ **No**

Describe consequences or impact on department if this position is not approved (please be specific)

Are there sufficient funds in the budget to cover this expense? _____ Yes _____ No

What is authorized complement for this position? _____

What is current year to date budget variance in account? _____

What is current year to date flexible budget variance in account? _____

What is total direct HBSI Opportunity, if applicable? _____

What other options exist for fulfilling critical functions? _____

Department Head Name (Please Print) and Signature

Date

Approved by: (Directors' Office or Finance)

Date