

AUTHORIZATION TO USE STRONG STAFFING - for Divisions 90, 91 & 92

This form must be completed and forwarded to your divisional finance office for signature to authorize the use of temporary help. The authorized forms should be submitted to **Strong Staffing** who will contact requestor with the name(s) of qualified candidates.

Requested by _____ Date of Request _____

Dept Name _____ Div/Dept # _____ Box # _____

Location (Bldg/Rm) _____ Phone # _____ Fax # _____

Job Title of Requested _____

Reports to _____ Phone # _____ Fax # _____

Patient Contact: _____ No _____ Indirect Patient Contact _____ Hands on Patient Contact _____

Reason needed (check box after category below):

Vacancy: Disability: Extra Work: LOA:

Other (explain) _____

Start date _____ Est. End Date _____ Schedule _____ to _____ Weekly hrs. _____

Pay rate _____ With Overhead Rate _____ Estimated Total Dollars Required _____ **Company Code** **FAO #** **SpendCategory**

Candidate Identified: Yes: No: If yes, Name: _____

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

Special Skills (MS Word/Excel/PowerPoint, medical terminology, etc):

Describe consequences/impact on department if position is not approved (be specific):

Are there sufficient funds to cover this expense?: Yes No

What is authorized complement for this position: _____

What is the current year-to-date variance in this account?: _____

What other options exist for fulfilling critical functions: _____

Department Head/Administrator Name (please print) & include Signature _____ Date _____

Divisional Finance Officer's Signature _____ Date _____