**Service Center** 



## **REQUEST TO MAKE AN OFFER**

## \*ALL FIELDS ON THIS FORM MUST BE COMPLETED OR PLEASE INDICATE N/A\*

Job Number & Ti		Date Requested:					
Job Code:							
If you are replacing a	departing emplo	yee, what is ha	appening to	the incumbent?			
Transferred	Eff Date:	Ter	m/Retired	Eff Date:		_	
Hours Changed	Eff Date:						
Candidate Name:_		□External	Candidate				
Did your candidate ap	ply online?	□Yes	□No				
Have you checked ref	erences?	□Yes	□No				
(All Candidates must apply candidate, please forward a				e only exception is fo	r Strong I	nternal Candidates. If you ha	ve an interna
What did candidate sa	ay was the highe	est level of edu	cation is?	(HS Diploma, college	degree (ind	licate degree), or enrollment only	(some College)
Proposed Pay Rate	e? \$		Per _				
Anticipated Start Date	·	Em	ployee's In	teroffice Box #?			
Location:	□SN	ИΗ	□Med	dical Center	□Rive	er Campus	
		f Site? Indicate	_	le sites, please s	select a <sub>l</sub>	orimary address)	
Is this position funded Patient Contact or Re			□Yes □Yes	=			
(*Patient Contact is defined	l as <u>any</u> staff membe	er who provides					
direct patient care, or who Nursing Practice Orie			<mark>urs.)</mark> □Yes	□No			
Will candidate be wor	king with Minor (	Children,	□Yes				
In a program registered Office? (This does not apaccompanied by a parent for	ply to Minor Childre	n who are	•				
Will this position requires this position certifie	ire Cash Handlir	ng	Yes a	□No			
facility or program by	the:						
Office of Alcoholism a			)? ∐Yes ∏Yes	_			
Or the Office of Menta	ai neaitri (Oivin)	ſ	res	S □No			
Please check all shifts  Days  Ev	s the employee venings  \		Rotating Sh	ifts \_Wee	ekends	☐ TAR – unknown	
Work performed outsi Work performed in Ne Will employee need to	ew York City?		□Yes □Yes □Yes	No			