**Contingent Staff Request**

Submit **completed & signed** form to people@nwkidney.org. Missing data may result in a delayed contingent staff order.

[ ]  NEW

[ ]  EXTENSION

|  |  |
| --- | --- |
| **Manager POC:** *Include Name of person approving timesheet if different.* |   |
| **Position Title:** |   |
| **Location:** |   |
| **Requisition Posted? (Y/N):** |   |
| **Requisition #:** |   |
| **Float Required? (Y/N)** *if yes, where?:* |   |
| **Schedule (days, hours/wk):** |   |
| **Shift hours (00:00-00:00):** |   |
| **Length of assignment:** |   |
| **Contact/Reports to:** |   |
| **Date to start:** |   |
| **Size of Clinic (# of chairs):** |   |
| **Machine used:** |   |
| **Clinic Address:** |   |
| **If RN, Chronic (outpatient) or Acute (inpatient):** |   |
| **Required License, Certifications, Registrations (CCHT, RN, etc.):** |   |

VP Approval Signature