

Purpose

Use this form to request staffing support for hospitals, clinics, medical centers, rehabilitation centers, outpatient facilities, or other healthcare organizations. Do not include patient information or protected health information (PHI).

1. Facility / Business Information

Facility / Business Name

Contact Person

Job Title / Department

Business Email

Phone Number

Secondary Phone / Extension

Facility Address

City / State / ZIP

2. Facility Type

- Hospital Clinic Medical Center Rehabilitation Center
 Outpatient Facility Other Healthcare Facility **If Other, specify:**

3. Staffing Request

Type of Staff Needed

- RN LPN CNA PT OT Allied Health Clinical Support
 Other **Other role:**

Placement Type

- Short-Term Long-Term Per Diem
 Contract Direct Placement Not Sure

Number of Staff Needed

Desired Start Date / Coverage Needed

4. Shift / Schedule Details

Requested Shift(s)

Days Needed

Hours Per Shift

Duration of Need

Certifications / Requirements

5. Additional Notes / Special Instructions

Additional Notes

6. Authorized Facility Representative

Authorized Name

Title

Signature

Date

Submission Instructions

Complete this fillable PDF and email it to WIDLIN360@gmail.com and Diane3602@gmail.com, or print and send by your preferred business communication method. Do not include patient information or protected health information (PHI).