



Request to Hire/Rehire

Please Check One: Hire Rehire

Request Submitted by:	Request Date:
Name of Candidate:	Position:
Department:	Location/Site:
Supervisor:	

Work Schedule Information

Please allow 2 weeks for non-licensed staff (admin asst., check-in staff, administration staff, etc...) and 3 weeks for licensed staff (CMA, Dental Assistants, MD, etc...).

Proposed Start Date:

Recommended regular schedule:

Full Time (32 - 40 hrs per week)

- Hours per week:

Part Time (24 - <32 hours per week)

- Hours per week:

Casual/Temporary (Fewer than 24 hours per week or temporary hires)

- Hours per week:
- If temporary, expected final date or employment:

Pay Rate Information

Salary: \$ _____ per year

Wage: \$ _____ per hour

Approvals: _____
(Department Head)

(Executive Director)

Return completed form to HR Department.