



# Temporary Staffing Request Form

Please Fax To: 610-889-9071

## Department Information

Department		Contact Person	
Contact Phone	Contact Fax	Contact E-mail	
Reason for Temp.			

## Billing Information

<input type="checkbox"/> <b>Purchase Order</b>	<input type="checkbox"/> <b>Billing Contact</b>
PO#:	Name:
	Department:
	Phone:

Which Department is the staffing needed:

Radiology:

Respiratory/Cardiology:

Nursing:

## Authorizations

Authorized Departmental Signature	Date	Phone
Printed Name and Title	Date	

## Detailed Information

Title Requested	Anticipated Start Date	Anticipated End Date	
Assignment Location	Dept/Floor	Report To	Report to Phone
Reporting Hours (i.e. 8:30 AM - 5:00 PM)	Reporting Days (i.e. M-F)	Other	
Job Duties			
Special Skills Required			

Please fax Request to: 610-889-9071

## Recruiting & Employment Services Section

History ( i.e. Health care workers that have been to this location)	Date	Time