

Hospital New Hire Request Form

Position Request Information

Department: _____

Requesting Manager/Supervisor: _____

Date of Request: _____

Position Title: _____

Employment Type:

- ☐ Full-Time
- ☐ Part-Time
- ☐ PRN/Per Diem
- ☐ Temporary
- ☐ Contract

Shift:

- ☐ Days
- ☐ Evenings
- ☐ Nights
- ☐ Rotating
- ☐ Other: _____

Number of Positions Requested: _____

Justification for Hire

Reason for Request:

- ☐ New Position
- ☐ Vacancy Replacement
- ☐ Increased Patient Volume
- ☐ Department Expansion
- ☐ Other: _____

Detailed Justification:

Position Requirements

Minimum Education Required:

Required Experience:

Special Skills/Certifications:

Approval Signatures

Department Manager: _____ Date: _____

Director: _____ Date: _____

Human Resources: _____ Date: _____

Finance (if required): _____ Date: _____

Executive Approval (if required): _____ Date: _____

HR Use Only

Request Received Date: _____

Position Number: _____

Posting Date: _____

Approved Start Date: _____