**EMPLOYEE REQUEST**

Name of Employee:                           Date of Hire:

Position is Expected to Continue for:  More than 1 Yr **or**  Expected End Date:

**POSITION INFORMATION** Title:

**\*\*ATTACH A JOB DESCRIPTION OUTLINING AT LEAST 3 CRITICAL ELEMENTS OF THE POSITION**

**See TVAREF if you need an example.**

Work Place: Bldg/Rm:        VA Tampa   Other:

Mail Stop:       Extension:

Licenses and Privileging Approval:  Is Required  Is Not Required

(Required when employee is engaged in patient care)

**PAY INFORMATION**

Project Title/PI:

Pay Rate: $       Per  Hour  Month

Approximate Hours per Week:       **OR** Percent Effort:

Fixed Schedule  Flexible Schedule

(Approx. the same schedule each week) (Approx. the same number of hrs each wk)

Intermittent Schedule

(Variable Schedule and Hours)

**OTHER EMPLOYMENT**  VA/COIN  UW Current Wage Grade/Step\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee certifies by signature at the bottom of this form, all hours charged to TVAREF do not conflict with other work hours.

**BENEFITS**

Check benefits for which employee is eligible:

Annual and Sick Leave (Consistent hours of >20hrs/week or more with an expected

appointment of > 3 months)

NONE

Employee Date Supervisor Date

Executive Director Date Personnel Date

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| **Office Use Only**  Distribution code: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ |