**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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