



Personnel Requisition Form

Position/Title: _____ **Program/Service:** _____

Agency: _____

Supervisor: _____

Qualifications:

Requirements:

Preferred Start Date: _____ **Work Schedule from:** _____ **to** _____

Recommended Status:

- PRN Part-time Hourly
- Independent Contractor Full-time Hourly
- Temporary Full Time - salaried

If temporary, how long will the assignment last: _____

Salary Range: _____ (Hourly/Annual)

Agency Contact Information:

Contact Name: _____ **Email Address:** _____

Address: _____ **City:** _____ **State:** _____

Phone Number: _____

*Please submit your staffing need by fax to 919.488.7214, or by email to jordan.rowell@healthlinkofamerica.net. For questions, or more information, please call our Senior Healthcare Recruiter at 919.488.7195.