

Seattle Institute for Biomedical and Clinical Research

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 SIBCR if you need an example.**

Work Place: Bldg/Rm: _____ VA Seattle VA American Lake Other: _____

Mail Stop: _____ Extension: _____

Licenses and Privileging Approval: Is Required Is Not Required
(Required when employee is engaged in patient care)

PAY INFORMATION

_____ GM initials

SIBCR Account(s): _____ % _____ %

Actual Pay Rate: _____ Per Hour Month

If salaried part time, FTE monthly salary: _____

Approximate Hours per Week: _____ OR Percent Effort: _____

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

Intermittent Schedule (Variable Schedule and Hours)

OTHER EMPLOYMENT VA UW

Employee certifies by signature at the bottom of this form that working with SIBCR does not conflict with other employment.

BENEFITS

Check benefits for which employee is eligible:

- Annual and Sick Leave (Consistent 15hrs/wk or more with an expected appointment of \geq 1 year)
- Medical, Dental and Vision Insurance (50% effort with an appointment of 1 year or more)
- TIAA CREF Retirement Savings Plan (More than 1,000 hours in 1 year or less of service)
- Life and Short & Long Term Disability (30hr/wk for 1 year or more)
- NONE

Employee	Date	Supervisor	Date
Executive Director	Date	Personnel	Date
Distribution code: _____ / _____ / _____ / _____ / _____			
<input type="checkbox"/> MIP <input type="checkbox"/> T/S <input type="checkbox"/> ITW <input type="checkbox"/> GD <input type="checkbox"/> Scan			