REACH
Resources and Education
for the Advancement of Careers at Hopkins

INTRA*Staff*

A subsidiary of
Johns Hopkins Health System

PROJECT REACH ASSIGNMENT REQUEST

Assignment Information:

Date: _____ Requestor: _____ Title: _____

Position Title of
Request: _____ Location: _____

Days/Hours: _____ Start Date: _____ End Date: _____

Report to: _____ Phone: _____ Fax: _____

Supervisor: _____ Phone: _____ Beeper/Cell: _____

Skills Required: _____

Employee to be
backfilled: _____ Pay Rate to replace: _____

Billing Information:

Department: _____ Facility: _____

Send invoice to: _____ Phone: _____

Administrator's
Signature: _____

Billing Address: _____

Corp. Code: _____ Cost Center/Budget Number: _____

(This portion must be completed to process request)

REMINDER: When signing weekly timesheets, please keep the pink copy to verify invoices.

Confirmation of Receipt:

Spoke to: _____ Phone: _____ Date/Time
Called: _____

Follow up
info: _____

_____

_____

Position filled
by: _____

Customer   Pay
Number: _____   Rate: _____   Charge Rate: _____

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