AUTHORIZATION TO USE STRONG STAFFING - During Hiring Freeze for Divisions 90, 91 & 92

This form must be completed and forwarded to your divisional finance office for signature to authorize the use of temporary help. The authorized forms should be submitted to Strong Staffing who will contact requestor with the name(s) of qualified candidates.

<table>
<thead>
<tr>
<th>Requested by</th>
<th>Date of Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dept Name</td>
<td>Div/Dept #</td>
</tr>
<tr>
<td>Location (Bldg/Rm)</td>
<td>Phone #</td>
</tr>
<tr>
<td>Job Title</td>
<td>Patient Contact: Yes [ ] No [ ]</td>
</tr>
<tr>
<td>Reports to</td>
<td>Phone #</td>
</tr>
<tr>
<td>Reason needed (check box after category below):</td>
<td>Fax #</td>
</tr>
<tr>
<td>Vacancy: [ ] Disability: [ ] Extra Work: [ ] LOA: [ ] Other (explain) [ ]</td>
<td></td>
</tr>
<tr>
<td>Start date</td>
<td>Est. End Date</td>
</tr>
<tr>
<td>Pay rate &amp; overhead</td>
<td>Estimated Total Dollars Required</td>
</tr>
<tr>
<td>Candidate Identified: Yes: [ ] No: [ ] If yes, Name:</td>
<td></td>
</tr>
</tbody>
</table>

Job Description (please list specific job duties or attach functional job description):

Special Skills (MS Word/Excel/PowerPoint, medical terminology, etc):

Describe consequences/impact on department if position is not approved (be specific):

Are there sufficient funds to cover this expense?: Yes [ ] No [ ]

What is authorized complement for this position:

What is the current year-to-date variance in this account:

What other options exist for fulfilling critical functions:

| Department Head/Administrator Name (please print) & include Signature | Date |
| Divisional Finance Officer’s Signature | Date |

1 Contact Strong Staffing at 275-7873 if you have questions regarding pay rates and overhead costs.