Supplemental Staffing Request Information

Requestor Details	
Date of Request:	
Request Point of Contact:	
Requestor Email:	
Requestor Phone:	

Requesting Facility Details		
Facility Name:		
Facility Type:		
County:		
Total Facility Capacity:		
Number of Free, Patient-Ready Beds:		
Does the Facility Currently Have COVID-19 Positive Patients:	Yes	No

Deployment Details	
Requested Deployment Dates:	to
Requested kind of staff and number of each:	
Staff classification (eg. RN, LVN, CNA)	Number
Total Number of Staff Requested:	

<table>
<tr><th colspan="7">Requested Coverage</th></tr>
<tr><td colspan="7">Shift Days of the Week (check all that apply)</td></tr>
<tr><td>Monday</td><td>Tuesday</td><td>Wednesday</td><td>Thursday</td><td>Friday</td><td>Saturday</td><td>Sunday</td></tr>
<tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td colspan="2">Shift Duration (in hours):</td><td colspan="5"></td></tr>
<tr><td colspan="7">AM Shift Hours</td></tr>
<tr><td>From:</td><td colspan="2"></td><td>To:</td><td colspan="3"></td></tr>
<tr><td colspan="5">Kind of Staff Requested for AM Shift</td><td colspan="2">Number of Staff Requested for Shift</td></tr>
<tr><td colspan="5"></td><td colspan="2"></td></tr>
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<tr><td colspan="5"></td><td colspan="2"></td></tr>
<tr><td colspan="5"></td><td colspan="2"></td></tr>
<tr><td colspan="5"></td><td colspan="2"></td></tr>
<tr><td colspan="7">PM Shift Hours</td></tr>
<tr><td>From:</td><td colspan="2"></td><td>To:</td><td colspan="3"></td></tr>
<tr><td colspan="5">Kind of Staff Requested for PM Shift</td><td colspan="2">Number of Staff Requested for Shift</td></tr>
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Instructions For Arrival

(eg. instructions for accessing the facility, parking, security, point of contact):

Additional Information

Information not captured in this form or the corresponding Resource Request