Rowan University
SCHOOL OF OSTEOPATHIC MEDICINE

Rowan Medicine Temporary Employee Hiring Process

☐ Complete the Temporary Staffing Requisition Form and obtain all necessary signatures

☐ Submit Temporary Staffing Requisition Form to Noor or Protocall with cc: to Human Resources (Nechole Hunter)

☐ Obtain PO from Purchasing

☐ Vendor ID #916295729 - Noor

☐ Vendor ID #916291721 - Protocall

☐ Noor or Protocall will then work with the Department requestor to select a temporary employee.

☐ Once selected, Noor or Protocall will work with HR for pre-employment verification process.

☐ HR will notify Department requestor of clearance and start date.

☐ Department requestor will submit Banner ID Form to HR and Affiliate Access Form to Donna Dobie prior to start date.
**REQUEST INFORMATION**

- Date Requested: 
- Dept. Name: 
- Requestor: 
- Location: 
- Report To: 
- Telephone: 
- Requested Associate(s): 
- Review Resumes: [ ] Yes [ ] No 
- Interview Required: [ ] Yes [ ] No 
- RowanSOM: Index / Admin 
  - NAME & EMAIL ADDRESS OF TIME APPROVER: 
  - Justification for Position: 
    - [ ] Vacation 
    - [ ] Special Project 
    - [ ] Instead of Hiring FTE 
    - [ ] Temp-to-Hire 
    - [ ] Open Position 
    - [ ] Work Overload 
    - [ ] Jury Duty 
    - [ ] Illness 
    - [ ] Leave of Absence 
    - [ ] Seasonal Work 
    - [ ] Other: 
    - Renewal: [ ] Yes [ ] No If Yes, Name: 
    - Replacement: [ ] Yes [ ] No If Yes, Name: 

**ASSIGNMENT INFORMATION**

- Assignment Period: 
- Start Date: From: 
- End Date: To: 
- Overtime Required: [ ] Yes [ ] No [ ] Occasionally 
- Assignment Hours: From: AM To: PM 

**JOB TITLE:**

- [ ] Licensed Practical Nurse 
- [ ] Certified Medical Assistant 
- [ ] Sr. Receptionist/Patient Scheduler 
- [ ] Data Control Clerk 
- [ ] Coding Specialist 
- [ ] Principal Clerk 
- [ ] Mental Health Technician 

**JOB DESCRIPTION/ADDITIONAL INFORMATION**

**SECURITY ACCESS AUTHORIZATION**

- Badge Access Information: 
- Building: 
- Days: 
- Hours: AM to PM 
- Doors: 
- Restricted Areas: 

- System Access Information: 
- Email: [ ] Yes [ ] No 
- Voice Mail: [ ] Yes [ ] No 
- Network: [ ] Yes [ ] No 
- Other: 

**APPROVAL**

- Department Head Approval: 
- Date: 
- Budget / Business Office Approval: 
- Date: 
- Human Resources Approval: 
- Date: 

**PROTOCALL USE ONLY**

- Associate Name: 
- Assign #: 
- Customer #: 
- Supplier Name/Routing #: 
- Pay/Bill Rate: $ / $ 
- Skill Code: 
- Actual Start Date: 
- Actual End Date:
Banner ID#  
(To be completed by Human Resources)

Fill out the below information and forward to Human Resources.

**BANNER IDENTIFICATION FORM**

<table>
<thead>
<tr>
<th>PERSONAL INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME</td>
</tr>
<tr>
<td>SOCIAL SECURITY NUMBER</td>
</tr>
<tr>
<td>DATE OF BIRTH</td>
</tr>
<tr>
<td>CITIZENSHIP</td>
</tr>
<tr>
<td>HOME ADDRESS</td>
</tr>
<tr>
<td>HOME PHONE</td>
</tr>
<tr>
<td>REASON FOR REQUEST</td>
</tr>
<tr>
<td>ROWAN DEPARTMENT LOCATION &amp; PHONE NUMBER</td>
</tr>
<tr>
<td>GENDER*</td>
</tr>
<tr>
<td>MARITAL STATUS*</td>
</tr>
<tr>
<td>ETHNICITY*</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>EMERGENCY NOTIFICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME</td>
</tr>
<tr>
<td>ADDRESS</td>
</tr>
<tr>
<td>PHONE</td>
</tr>
<tr>
<td>RELATIONSHIP*</td>
</tr>
</tbody>
</table>

*optional

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Signature  
Date

Human Resources  
Linden Hall  
201 Mullica Hill Road  
Glassboro, NJ 08028-1701  
856-256-4134  
856-256-4714 fax