| AdventHealt OPID | 9 First Nar | ne Name (Optional |) | Gr (Op (Fr O | Sender F ptional) (Forr Cormat: (Forr | Full SSN rmat 111-111- 1111) | Full DoB (Format: mm/dd/yyyy) | Mobile Phone Number (Format: 111-111-111) REQUIRED due to AdventHealth standard: Enter Student's Mobile Phone Number | Business Unit | Business Unit Name | Department- 10 digit # | Job Code/Student Job Title | Reports To Manager OPID | Position Class (Non-Employee Type) Student Clonkiy = 056 Student Clonkiy = 058 Instructor NES Only = 055 Instructor Clocking = 037 | Will CWR work onsite or fully remote? Onsite or Remote | Will CWR need PeopleSoft access for any reason? Yes/NO | Will CWR need to charge meals? Yes/NO | Will CWR use time clock? Yes/NO | Will CWR need to appear in Clinical Scheduling system? Yes/NO | Position Info Comments - Populate school name if no contract exists | Start Date End Date (Format: (Format 2021-01-01) 2021-01-01) | Ticket Number - Requester Name |
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