

CONTINGENT WORKER ASSIGNMENT FORM

Contingent Worker Empl ID (Leave it blank for new contingent worker)

Type of Action(s)

<input type="checkbox"/> New Contingent Worker (ADD-CWR)	<input type="checkbox"/> Returned Contingent Worker (ADD-CWR)	<input type="checkbox"/> Agency Change (DTA-AGN)	<input type="checkbox"/> Business Unit Change (DTA-JDC)	<input type="checkbox"/> Department Change (DTA-JDC)
<input type="checkbox"/> Job Code/Title Change (DTA-JDC)	<input type="checkbox"/> Location Change (DTA-JDC)	<input type="checkbox"/> Supervisor Change (DTA-JDC)	<input type="checkbox"/> Timekeeper Change (DTA-JDC)	<input type="checkbox"/> Assignment Extension <input type="checkbox"/> Assignment End (TER-TAE)

Contingent Worker Information

Last Name	First Name	Middle Name	Date of Birth	Home Phone	Email Address
US Social Security #	Agency Vendor ID	Agency Address (List home address if self-employed)		City	State Postal Code

Assignment Information

Start Date	End Date	Job Code	Job Title	Business Unit	Department #
Regular/Temporary	Full-time/Part-time/PRN	Standard Hours	FTE	Location Code	Location Name Union Code
Supervisor Empl ID	Supervisor Name	Timekeeper Empl ID	Timekeeper Name		

Other Information

Form Submitted by:	Date
BearResources Data Entry by:	Date
Data Entry Peer Reviewed by:	Date

Instructions:

1. Select the type of action(s)
2. Complete the relevant information and send form to hris@childrensnational.org
3. Data entry black out period starts on Mon of payroll week and ends on Wed of payroll week. Form must be submitted 5 business days prior to assignment start/change date if submission is done within data entry black out period, or 3 business days prior to assignment start/change date if submission is done outside of data entry black out period.