NYC HEALTH+HOSPITALS

HRSS Contingent Workforce Transaction Request Form

Facility Admin Information			
Name:		**Location:**	
Email Address:		**Work Phone** (all 9 digits):	

Transaction Information			
Subject:			
Transaction Type:	Name/Personal Data Correction **Legal Proof Required**		Reactivate Assignment	
	Add CWR Line		Job Data Correction	
	Transfer Assignment		Other	

Contingent Workforce Job Data Information			
Effective Date:		**Position Number:**	
EMPL ID:		**Business Unit ID #:**	
Last Name:		**Department Number:**	
First Name:		**Manager's Name & Mgr Position#:**	
Functional Title:		**Vendor/Agency/School Name:**	
NPI #		**Ethnicity:**	

Details of Request