Staffing Request for Service Form - Cheat Sheet

This document provides guidance on how to complete sections of the Staffing Request for Service Form. If you continue to have questions about how to complete this form, please contact LTCALstaffing@fraserhealth.ca

Staffing Request for Service Form:



- **'FH Home Support Service Staff have access in facility'** indicate 'Yes' if FH Home Support staff are already providing service to clients living in the facility. This is relevant to AL/IL only.
- Clinical Staff Needed heading:
 - Number of days and weeks needed indicate by writing the number needed in each box.
 - e.g. if you require 5 days of staffing support, indicate:

Number of days needed: 5
Number of weeks needed:

• e.g. if you require 2 weeks of staffing support, indicate:

Number of days needed: 2

- Choose discipline by checking the box to left of each discipline needed
- 'Date(s) needed' indicate the specific dates you are requesting staff support for
 e.g. May 8, 9, 10, 11, if needing extended time periods indicate 'May 4 18 inclusive'
- Box to right of 'Days', 'Evening', 'Nights' indicates the number of staff required by the facility for each of those shifts
- 'Shift times' indicate the shifts time e.g. 0700-1500 hrs, 0700-1900 hrs, 2300-0700 hrs, etc.
 - e.g. If you require 2 Care Aides for day shift and 1 for night shift for June 1, 2, 3 and 4, indicate:

✓ Care Aide Date(s) needed:
June 1, 2, 3 & 4

Days
2 Shift times:
0700-1500 hrs

Evening
Shift times:

Nights
1 Shift times:
2300-0700 hrs

• 'Additional information' – include any additional information. If this a change request for staffing that is currently deployed, please make sure to include this information there.