	PO Box 1280, Redlands, CA 92373-
	909.583.6250; 909.801.519 humanresources@llvar
LLVARE	
	New Employee Request
WOC (Without Compen	sation is required of all LLVARE Employees). This process may take up to 3 weeks bei employment can start.
Date:	Authorized By:
	Title:
	Employee Information
Name of Employee	Date of Hire
Position Term	More than one year Expected end date
Position Information	
Title	
Project Title	
Duties to be performed	
Licenses and Privileging	Approval Is Required Is Not Required
Pay Information	(Required when employee is engaged in patient care.)
LLAVRE Project	Employee Will Be Working In Room #
Devi Dete	
Pay Rate	Hourly Salary(Per Pay Period)
	Exempt Non-Exempt
_	
Approx. Hours Per week	OR Percent Effort
Other Employment	
Employee certifies by signa	ture at the bottom of this form, all hours charged to LLVARE do not conflict with
other hours worked.	
Benefit Eligible (Must be	30 hours a week or more)
Yes	No
	— —
	·····
	LLVARE office use only:
	WOC Approved: Date Approved:
	Approved:
	Approved: Effective Date: