

Request to Hire Form

This form must be completed in its entirety by the PI or delegated Designee.

PI/Designee Acknowledgement: The submission of this form is done with the understanding that:

- 1) there are sufficient funds in the account(s) below to support the salary and benefits listed for new personnel
- 2) an accurate PVARF position description must be provided when submitting this form
- 3) the account(s) listed is/are appropriate to charge for this position
- 4) an available workstation has been identified, and
- 5) a VA "Without Compensation" (WOC) appointment must be obtained for this new hire prior to their start date.

Project Information:

Principal Investigator:	PI Email:	PI Phone/Extension:
Supervisor (if different than PI):	Supervisor Email:	Supervisor Phone/Extension:
Project Title(s):	Project Number(s) to charge:	
If non-PVARF funding is needed to support this position, list them here with the appropriate percentages of effort:		

Position Information

☐ New position	☐ Replacement for _____ (position)		
Job Title:	Standard Hours/Week:	Pay Rate Requested:	Requested Start Date:

Position is:

- ☐ **Full Time:** 30 - 40 hours per week; eligible for all benefits. Must work at least 30 hours per week to maintain benefit eligibility.
- ☐ **Part Time 20+:** 20 - 29 hours per week; eligible for PTO, Holiday Pay, Disability, Life/AD&D, 401(k)
- ☐ **Part Time <20:** 19 or fewer hours per week; eligible for Protected Sick Time, eligible for 401(k) after qualifying period.
- ☐ **Temporary:** max 90 days; up to 40 hours/week; no benefit eligibility. Not to Exceed Date (required):
- ☐ **Limited Duration:** max 11 months; up to 19 hours/week; no benefit eligibility. Not to Exceed Date (required):

Authorization & Signature

PI /Delegated Designee

Requestor Name:

Requestor Title:

Signature:

Date:

PVARF Approval

Authorized By:

Approver Title:

Signature:

Date: