SEATTLE CANCER CARE ALLIANCE

Fred Hutchinson Cancer Research Center
UW Medicine
Children's Hospital and Regional Medical Center

Shaded areas for HR dept. use.

Human Resources Non-Employee Action Form

Please Print

Please complete and submit to HR.

The individual will also be required to complete additional documents before the record is created.

All non-employees with roles at the SCCA receive a background check.

Many non-employees are here for a specific period of time. If known, please specify an end date. Otherwise, as the sponsor you are responsible for submitting a separation form in the future.

Signatures required for processing (prior to HR submission)

❑ New	Name	Employee ID	Rcd No
❑ Revision	Preferred Name (if different)	Effective Date	
Business Title	Dept Name	Dept. No	
Sponsor	Job Code:	Class	Psoft Id Check

Will this non-employee have a workspace and/or complete work in a SCCA owned and/or operated building?

❑ Yes SCCA Phone: _____ SCCA Mail Stop: _____ Approx Hrs Per Week: _____

❑ No Other Phone: _____ Other Mail Stop (if applicable): _____

Does the role or job at the SCCA include face-to-face interaction with patients, or the provision of direct care to patients? (This does not include incidental contact with patients such as riding in an elevator.) ☐ Yes ☐ No

Please check <u>any</u> required SCCA items for this non-employee:

❑ None ❑ Brass Keys ❑ Email Account ❑ Parking (may be available)

☒ Background Check ❑ Directory Listing ❑ Network Access ❑ Security/Photo ID Badge

Please identify the individual's primary employer:

❑ Children's Hospital (CHRMC) ❑ Harborview Medical Center ❑ Skagit Valley

❑ Fred Hutchinson CRC ❑ Olympic Medical Center ❑ VA Medical Center

❑ University of Washington ❑ Red Brick Bistro ❑ Other _____

Please check <u>any</u> of the boxes below, which describe the reason for the relationship with the SCCA:

(multiple reasons may apply)

❑ Attending Physician *(Credentialed/privileged to practice at the SCCA outpatient clinic)*

❑ Fellow *(here under the license of a SCCA credentialed physician)*

❑ Medical Director *(for specialty clinics within the SCCA and credentialed/privileged to practice at the SCCA)*

❑ Mid-Level Provider *(here under the license of a SCCA credentialed physician)*

❑ Pharmacy *(Credentialed/privileged to practice at the SCCA outpatient clinic)*

❑ Registered Nurse *(Credentialed/privileged to practice at the SCCA outpatient clinic)*

❑ Resident *(here under the license of a SCCA credentialed physician)*

❑ Student / Intern / Trainee

❑ Visiting Physician/Scientist *(Typically here for observation/educational purposes)*

❑ Other _____

(multiple reasons may apply)

❑ Administration from Partner Institution *(i.e., FHCRC IT, FHCRC Purchasing)*

❑ Consortium Member *(HR will use the approved consortium listing to validate.)*

❑ Consultant *(A person engaged to give professional advice or services, generally for a fee, but is not acting as an employee. If the individual is paid through SCCA Accounts Payable, a consultant agreement is on file.)*

❑ Contractor *(A person/company contracted to provide a service or equipment to the SCCA. The individual is paid by a third party. This <u>DOES</u> <u>NOT</u> include temporaries from outside agencies.)*

❑ Non-Consortium Member/Investigator

❑ Research Study Staff or Investigator from Partner Institution *(Generally coordinates partner-based clinical trials)*

❑ Temporary from an Outside Agency (*Woods and Associates and other temporary placement agency employees*.)

❑ Volunteer

General description of activities: _____

When do you anticipate this non-employee's role with the SCCA will end? _____

Spsr #

_____ Person Completing Form – Please Print Name

_____ Phone #

_____ Person Completing Form Signature Date

_____ *Sponsor Signature* *Date*

Return completed form to Human Resources/Employee Services, J1-105. Questions, call 667-4700