

INFORMATION REQUIREMENTS FOR 411 EMPLOYEE LISTINGS:



The following categories classify the information required by new students, interns, residents, and fellows (SIRF) as well as new employees.
 E-mail or send completed form to Dave Ritt Telephone Operations (IRM-3)

Legal Name _____
 (First Name, Initial, & Last Name)

Employee Type _____
 (D = Doctor; N = Non-medical + SIRF¹ designation)

Primary VA Phone _____
 (either your personal extension, your assistant's ext. or your service's administrator's extension)

Other VA Phone _____
 (your primary work area extension, or primary nurses station)

Long Range Pager _____
 (VA pager)

Short Range Beeper _____
 (U/MN or Personal pagers)

Product Service Line: _____
 (Service Line: identified through mail route number)

Prof. Service Area _____
 (Professional Service Area Designation)

Mail Route # _____

Service Section _____
 (Include Position Title + work unit designation)

Home Address _____

Home Phone _____

City _____

Emergency Contact Name _____

State _____

Emergency Contact Phone _____

ZipCode _____

Relationship _____
 (optional)

Employee Classification:	(x)	Process Date:
NEW EMPLOYEE:	*	*
EMPLOYEE MOVE:		
POSITION CHANGE:		
REMOVE EMPLOYEE:		

Rotation Section:			
Rotation Begin Date	*		
Rotation End Date			
Est. Date of	*		
Rotation Extension			

¹ SIRF – Refers to “Student”, “Intern”, Resident”, or “Fellow”