



Longview Wellness Center, Inc.

## Position Requisition

### REQUEST TYPE

Request Type: \_\_\_\_\_

Initiated By: \_\_\_\_\_

Reports To: \_\_\_\_\_

Date Initiated: \_\_\_\_\_

### CLASSIFICATION CHANGES

#### Information

Department: \_\_\_\_\_

Position Name / #: \_\_\_\_\_

Location: \_\_\_\_\_

Shift: \_\_\_\_\_

Salary Range: \_\_\_\_\_

Position Status: \_\_\_\_\_

FLSA Status/Type: \_\_\_\_\_

### IT EQUIPMENT

**Desktop:**       **Laptop:**       **Tablet:**

OFFICE WORKER/ADMIN/RECEPTIONIST      PROVIDER/SOCIAL SERVICE PERSONNEL      MEDICAL ASSISTANT/MID-LEVEL

AVERAGE - \$1,500.00      AVERAGE - \$2,000.00      AVERAGE- \$2,500.00

### ADDITIONAL NOTES / AUTHORIZATION

Department Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Executive Approval: \_\_\_\_\_ Date: \_\_\_\_\_