

**VISIONQWEST HEALTHCARE  
PLACEMENT FORM**

Today's Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

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

Start Date: \_\_\_\_\_

Scheduled Days and Shifts/Hours: \_\_\_\_\_

Facility: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Pay Rate: \_\_\_\_\_

Bill Rate: \_\_\_\_\_

Staffing Coordinator: \_\_\_\_\_