



WSPI PHYSICIAN OFFER INFORMATION SHEET

WSPI POSITION – ESSENTIAL INFORMATION						
Employment Type:	<input type="checkbox"/> WSP Only	WSP Status:	<input type="checkbox"/> F/T	WSU FTE:	DEPT:	Intended Start Date:
	<input type="checkbox"/> Dual-Emp* <i>*attach posting</i>		<input type="checkbox"/> P/T	WSP FTE:	DIV:	
Position Summary: "Primary responsibility..."						
Proposed Base Salary:		PHP LoC?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Duration:	Amount/Yr:	

WSPI POSITION - EFFORT BREAKDOWN (attach any completed proformas)						
#	SERVICE / TITLE	LOCATION(S)	TYPE	FTE ALLOC.	EST. REVENUE (\$)	REVENUE SOURCE(S)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
TOTALS						

CANDIDATE – ESSENTIAL INFORMATION		
First Name:	Last Name:	Degree(s):
Street Address:	City/State/Zip:	

Reviewed by:

WSPI CEO	WSPI CONTROLLER	DIRECTOR, Professional Services	DIRECTOR, HR

Offer Tracking:

Letter Date:	Return By:	Completed By:
Internal Route:		Completed By:
External Route:		Completed By:
To On-Boarding:		Completed By: