Effective Date: May 7, 2026
Rev. 2026.1

# Staffing Request Form

## Prime Allied Workforce LLC

### Client Staffing Service Request

Thank you for choosing Prime Allied Workforce LLC for your staffing and workforce solutions needs. Please complete the form below to help us identify your staffing requirements and provide qualified personnel that align with your operational needs.

### Submit Staffing Request

After completing the Staffing Request Form, please return the completed form to Prime Allied Workforce LLC using one of the methods below.

Our team will review your request and contact you promptly regarding staffing availability, service details, and next steps.

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### Contact Information

📞 **Phone:** (470) 729-7713

📧 **Email:** staffingrequest@primealliedworkforcellc.com

📠 **Fax:** (470) 242-3041

🌐 **Website:** www.primealliedworkforcellc.com

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### Submission Instructions

Completed forms may be:

- Emailed to our staffing department
- Faxed directly to our office
- Submitted through our website
- Discussed with a staffing coordinator by phone

Please ensure all required information is completed to avoid delays in processing your staffing request.

Prime Allied Workforce LLC appreciates the opportunity to support your workforce and staffing needs.

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**Company Information**

**Company Name:**

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**Facility / Business Type:**

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**Contact Person:**

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**Job Title:**

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**Phone Number:**

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**Email Address:**

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**Company Address:**

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**City:**

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**State:**

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**Zip Code:**

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**Staffing Request Details**

**Type of Staffing Service Requested:**

☐ Temporary Staffing
☐ Temp-to-Hire
☐ Direct Hire
☐ Contract Staffing
☐ PRN / As-Needed Staffing
☐ Per Diem Staffing

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**Position(s) Requested:**

☐ CNA
☐ LPN
☐ RN
☐ Medical Assistant
☐ Administrative Support
☐ Customer Service
☐ General Labor
☐ Other: _____

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**Number of Staff Needed:**

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**Requested Start Date:**

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**Assignment Duration:**

☐ One Day
☐ Short-Term
☐ Long-Term
☐ Ongoing
☐ Permanent Placement

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**Scheduling Requirements**

**Shift(s) Needed:**

☐ 1st Shift
☐ 2nd Shift
☐ 3rd Shift
☐ Weekends
☐ PRN / Variable

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**Shift Hours:**

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**Days Required:**

☐ Monday
☐ Tuesday
☐ Wednesday
☐ Thursday
☐ Friday
☐ Saturday
☐ Sunday

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**Position Requirements**

**Required Experience:**

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**Certifications / Licenses Required:**

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**Required Skills:**

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**Dress Code Requirements:**

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**Physical Requirements:**

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**Special Instructions:**

**Worksite Information**

**Worksite Address:**

**Parking Instructions:**

**Supervisor / Point of Contact:**

**Emergency Contact Information:**

**Compliance & Safety Requirements**

Please indicate any site-specific requirements:

☐ Background Check Required
☐ Drug Screening Required
☐ TB Test Required
☐ CPR Certification Required
☐ Vaccination Requirements
☐ HIPAA Compliance Required
☐ OSHA/Safety Training Required

Additional Compliance Notes:

**Billing & Payment Information**

**Billing Contact Name:**

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**Billing Email Address:**

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**Accounts Payable Phone Number:**

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**Preferred Billing Method:**

☐ Invoice
☐ ACH
☐ Credit Card
☐ Other: _____

**Payment Terms Requested:**

☐ Net 15
☐ Net 30
☐ Other: _____

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**Service Agreement Acknowledgment**

By submitting this request, the client acknowledges that staffing services are subject to candidate availability, compliance verification, operational approval, and applicable service agreements.

Prime Allied Workforce LLC reserves the right to confirm assignment details, rates, scheduling requirements, and compliance standards prior to placement confirmation.

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**Authorized Representative**

**Name:**

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**Title:**

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**Signature:**

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**Date:**

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Thank you for partnering with Prime Allied Workforce LLC.