# *Grady Health System®*

**PROFESSIONAL SERVICE REQUISITION**

Expense Classification (Check all that apply)

_____ Professional Expense Budget
_____ Neighborhood Clinic Budget
_____ Grant/ICTF Budget _____
_____ Emergency Medicine Agreement
_____ Urgent Care Agreement
_____ Other Expense _____

## *Personnel Change Information*

Name: _____ Title: _____

Change Justification: _____ Addition _____ Replacement _____ Pay Increase _____ Funding Source Change

% of Time at Grady: _____ Person Replaced: _____

Date of Request: _____ Starting Date: _____ Ending Date: _____

Service Description: _____ Teaching _____ Administrative _____ Patient Care _____ Volunteer/Research/Consulting

## *Monthly Salary Expense Information*

Current Monthly Pay Rate: _____ New Rate: _____ Inc (Dec): _____

Fringe (2000 % = 25.5%) _____ _____ _____

Total Pay Rate: $ _____ **$** **$** _____

Cost Center to be Charged: _____ Account #: _____

Available Cost Ctr Budget: _____ Annualized Expense: **$0**

**Director Approval:** _____ Date: **09/07/06**

## *Medical School Endorsements*

**Medical School Payee (Check one):** _____ **Emory University** _____ **Morehouse** _____ **No Grady Funds Required**

Service Chief Approval: _____ Date: _____

**Dean's Office Approval:** _____ Date: _____
(if necessary)

## *Grady Health System Endorsements*

**Division Vice President:** _____ Date: _____
(if necessary)

**Chief of Staff Approval:** _____ Date: _____

**CFO Approval:** _____ Date: _____

**Other Approval:** _____ Date: _____
(if necessary)

**CEO Approval:** _____ Date: _____
(if necessary) Edward J. Renford