

# Request to Recruit Medical Staff

This form is intended for electronic use. **ALL FIELDS MUST BE COMPLETED.** If a field is not applicable, please indicate with N/A. An arrow on the right hand side of a box indicates a drop down list available to choose from (click on an arrow for options). Form can be saved with data for retention purposes if required. Completed form, with all required signatures is to be returned to the Medical Staff Administrative Services - C/O MSAS - 4-650 Main Street, Winnipeg, MB

Date of Request:	<input type="text"/>	<input type="checkbox"/> New Position	OR	<input type="checkbox"/> Replacement	
Form Prepared By:	<input type="text"/>	Replacement for:	<input type="text"/>		
Title:	<input type="text"/>	Date of Departure:	<input type="text"/>		
Phone #:	<input type="text"/>	Position Title:	<input type="text"/>		

**SEARCH**

Search Information:   Canada  International

Proposed Candidate (if known):

Proposed Start Date:  Is candidate Royal College or CCFP:  OR American Board:

**WRHA**

Program :	<input type="text"/>
Section:	<input type="text"/>
Primary Site:	<input type="text"/>

**University of Manitoba College of Medicine**

Department:	<input type="text"/>
Section:	<input type="text"/>

**RESOURCE ALLOCATION**

**1. Medical Remuneration (excluding benefits (see below))**

Source of Funding	<input type="text"/>	WRHA Position#/UofM FOP:	<input type="text"/>	Amount \$	<input type="text"/>
Source of Funding	<input type="text"/>	WRHA Position#/UofM FOP:	<input type="text"/>	Amount \$	<input type="text"/>
Source of Funding	<input type="text"/>	WRHA Position#/UofM FOP:	<input type="text"/>	Amount \$	<input type="text"/>
Source of Funding	<input type="text"/>	WRHA Position#/UofM FOP:	<input type="text"/>	Amount \$	<input type="text"/>
Total Amount (\$) Allocated (Excluding FFS):					<input type="text"/>

Will this position have:

- a contractual commitment to Medical Remuneration?  Yes  No      If **YES**, please state amount:
- a Fee For Service component from MB Health?  Yes  No
- **benefit costs associated with it?**  Yes  No      If **YES**, please identify funding source below:

WRHA Cost Centre:  FOP:  Other:  **Total Benefit Costs:**

**2. University of Manitoba - Academic Appointment:**  GFT  Nil Salaried Rank:   Not Required

**3. Infrastructure**

a) Office Space and Support (including secretarial assistance, transcription services, billing clerk, office set-up), etc.

Location:	<input type="text"/>	Select One:	<input type="text"/>
Staffing:	<input type="text"/>	Select One:	<input type="text"/>

b) Ambulatory Clinic Space and Support

Location:	<input type="text"/>	Select One:	<input type="text"/>
Staffing:	<input type="text"/>	Select One:	<input type="text"/>

c) OR Slate Time      Hours allocated /month

Location:	<input type="text"/>	Select One:	<input type="text"/>
Staffing:	<input type="text"/>	Select One:	<input type="text"/>

d) Research Space and Support

Location:

Select One:

Staffing:

Select One:

**4. Other Resources - Please attach Appendix**

Select One:

**REQUEST TO PROCEED WITH RECRUITMENT**

This position is necessary to support the WRHA / University of Manitoba strategic plans/directions. In requesting approval for the above position, we have ensured and verified that the resources and funding necessary to support this position have been arranged.

**REQUESTED BY:**

**WRHA**

**University of Manitoba**

\_\_\_\_\_  
WRHA Program Medical Director

\_\_\_\_\_  
University Department Head

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

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

\_\_\_\_\_  
WRHA Program Director

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

\_\_\_\_\_  
WRHA Administrative Director

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

**Approval to Proceed with Recruitment**

I hereby approve the request to recruit this position. Approved by:

\_\_\_\_\_  
Dr. Ainslie Mihalchuk  
On behalf of the  
Winnipeg Regional Health Authority

\_\_\_\_\_  
Dr. Brian Postl, Dean of Medicine  
On Behalf of the  
University of Manitoba, College of Medicine

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

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

**Authorization to recruit to this position is in place for a time period not to exceed 18 months from the date of approval.**

MRO Confirmed Date: \_\_\_\_\_

UofM Finance Confirmed Date: \_\_\_\_\_

**To be completed by MSAS only** U of M Position #:

Date Approval Sent to Dept/Prog:

WRHA Position # (New only):

Date Approval Sent to Dept/Prog: