




Contract Worker Processing Data Form

Contract Worker's Contact Information			
Contractor Worker's Name			
Phone Number:		Cell Phone Number:	
Email Address:			
Job Title:			
Vendor's Information			
Company's Name:			
Address:			
Type of Services provided:			
Company's HR Point of Contact:		Office Ph. Number	
Email Address:			
Facility Designation			
Indicate PRIMARY practice location facility by selecting the applicable box below.			
<input type="checkbox"/>	 <input type="checkbox"/> CSRH - NB <input type="checkbox"/> CSRH – Med Ctr. <input type="checkbox"/> CSRH – Westover Hills		
<input type="checkbox"/>			
<input type="checkbox"/>			
Indicate SECONDARY practice location facility (if applicable) by selecting the applicable box below.			
<input type="checkbox"/> CH of SA <input type="checkbox"/> CSRH – Alamo Heights <input type="checkbox"/> CSRH - NB <input type="checkbox"/> CSRH – Med Ctr. <input type="checkbox"/> CSRH – Westover Hills			
Indicate Department Name where Contract Worker will be assigned to:			
<input type="checkbox"/> Operating Room <input type="checkbox"/> Cath Lab <input type="checkbox"/> Labor & Delivery <input type="checkbox"/> Radiology <input type="checkbox"/> Other _____			
CHRISTUS Department Point of Contact:			