

HFHS University Course Assignment Form

The following information is required to assign course(s):

REQUESTOR

Name _____

Title _____

Department _____

Phone Number (____) _____

Email Address _____

ASSIGNMENT

Course Title _____

Target Audience (i.e. job category/business unit....) _____

Assignment Begin Date ____/____/____

Assignment Completion Date ____/____/____

Frequency of Assignment: One-Time Reoccurring (Specify) _____

Automatic assignment for new hires: Yes No Due Date ____ (i.e. 30, 60, 90 days)

Requestor's Signature _____

For Physician Assignments, approval is needed by Physician Leader _____

Date ____/____/____

**Please complete this form in its entirety and fax it to Lamya Gorgees at 313-874-9547.
Upon receipt, you will be contacted within 3 to 5 business days with an estimated completion date.**

For HR use only
Approved by: