



Offer Request Form

Upon completion of this form, please email it to HR@selectdentalmanagement.com and dcoughlin@selectdentalmanagement.com. Offer letters will be completed and sent out within 24 hours of HR receiving the completed form. The requester should attach the resume of the candidate.

Internal Information:

Today's Date:	Requester:
Practice Name:	Practice Leader:

Candidate Information:

Name:	Contact email:	Position/Title:
Worker Category (Full/Part Time/Temporary): If temporary employee, please indicate anticipated assignment length:	Pay Rate:	Start Date:

Schedule/Hours:

Special Instructions:

First Day Information:

Time of Arrival:
Name of Person Employee Should Ask for Upon Arrival:

If this candidate was referred by a current employee, list the name of the referring employee:

Requester Signature: _____

Regional Leader Approval: _____