

American Red Cross

Group: _____ **Staff Request #:** _____

Affected chapters and DRO work units must complete and submit a Staff Request when additional staff/workers are needed and cannot be obtained from within the affected chapter area. Prior to the DRO infrastructure's establishment send all Staff Requests to disasterstaffingcenter@usa.redcross.org. After the DRO infrastructure is established all Staff Requests should be submitted electronically to the Staff Services Local Community Volunteer's Manager email address at the DRO headquarters:

DR#: _____ **Date of Request:** _____ **Date of Completion (For SS):** _____

ACT:	Task(s) To Be Accomplished:	# Requested:	Work Location:	Supervising Staff?		Dates Needed	
				Yes	No	From	To
1.				<input type="checkbox"/>	<input type="checkbox"/>		
2.				<input type="checkbox"/>	<input type="checkbox"/>		
3.				<input type="checkbox"/>	<input type="checkbox"/>		
4.				<input type="checkbox"/>	<input type="checkbox"/>		
5.				<input type="checkbox"/>	<input type="checkbox"/>		
6.				<input type="checkbox"/>	<input type="checkbox"/>		
7.				<input type="checkbox"/>	<input type="checkbox"/>		

Printed Name and Signature of Person Submitting Request:	Date Requested:	DRO E-Mail Address:
G/A/P of Requestor:	Telephone Number:	Work Location:

For Staff Services Use Only:						
LCV Worker Processing Request:		Date & Time Request E-Mailed to SDC:		Worker Telephone #:		
		Date & Time Reported to Other SS/Activities:		Date & Time Reported back to Requestor:		
Line #:	# Filled Locally:	Reporting Date & Time:	# & G/A/P Requested from SDC:	# Filled by SDC (from Open Request Reconciliation):	Date of Arrival:	Status:
1						
2						
3						
4						
5						
6						
7						

Staff Request Form (American Red Cross Form 6512)

Directions for Completion of Form:

Item #:	Item Title:	Instructions:
1.	Group	Fill in Group Abbreviation.
2.	Staff Request #	Skip Request Number.
3.	DR #	Fill in DR# and today's date.
4.	Date of Completion	Skip Date of Completion.
5.	ACT	Fill in the Activity abbreviation using DSHR Activity Chart.
6.	Task(s) To Be Completed	Fill in the task to be completed, for example: <ol style="list-style-type: none">DRMOIS Staffing Data Entry.CAS Monitor Manager.Detailed Disaster Assessment worker.Purchase food and supplies.Work in the kitchen preparing meals.Provide mental health services to shelter clients.
7.	# Requested	Fill in number of staff requested.
8.	Work Location	Fill in Work Location.
9.	Supervising Staff	Check "Yes" or "No" if the person will be supervising staff.
10.	Dates Needed	Fill in the From Date Needed/To Date Needed. If only for 1 day, put date in From column and times in To column. For example, From: 4.5.09/To: 8am-6pm.
11.	(Additional Lines)	Complete the same information for each additional Line as needed.
12.	Name of Requestor	Enter name of Requestor; if submitting electronically, this will serve as the signature; if printing add signature of Requestor.
13.	Date Requested	Enter Date Request is submitted to SS/LCV and email address being used on the DRO.
14.	G/A/P of Requestor	Enter G/A/P, Telephone Number and Work Location on Requestor.
15.	For Staff Services Use Only	Submit to SS/LCV/MN or designee at DRO email address or print, sign and fax to DRO Headquarters' fax number.

LCV Supervisor will review form and obtain approval from the submitting requester's activity manager, ask clarifying questions if needed; determine what can be filled locally or by transferring staff internally and forward to the Staff Deployment Center if appropriate.

LCV Supervisor will then respond back to the requestor about the status of the request on an on-going basis or daily at least.