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| **EMPLOYEE INTAKE FORM** |

This form is to be completed by employees who are looking to be redeployed from their current position to assist in fulfilling the urgent staffing needs that are being created in the County’s response to COVID-19.

Thank you for your interest in the Emergency Deployment Program. Please enter the information below and email the form to: [EmergencyStaffing@kingcounty.gov](mailto:EmergencyStaffing@kingcounty.gov?subject=Emergency%20Deployment%20Program).

**General Job Information**

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| **Employee Name:** |  | | |
| **Phone Number:** |  | | |
| **Email address:** |  | | |
| **Current Title:** |  | | |
| **Department:** |  | | |
| **Supervisor:** |  | **Do you have supervisor approval?** |  |
| **Availability:**  Must be able to work at least one full week. | *Please include the days, hours, shifts you are available to work:* | | |
|  | | |
| **Are you able to travel to various locations throughout the county?** |  | | |
| **Do you have a valid driver’s license?** |  | | |
| **Do you have an assigned KCIT laptop?** |  | | |
| **For which role(s) would you like to be considered?** |  | | |