

PHDOC03 — Resource Request for Personnel (if you need supplies or equipment, use form PHDOC02 instead)		Revised 4/06/2020		Santa Cruz County		
Tracking Number for this Request (to be assigned by DOC Planning):		Incident Name: COVID-19	Date:		Time:	
Section Name:			Requestor Name:			
What are you trying to accomplish with these personnel?			Phone::	E-mail:		
			Printed name of Authorized Agent (required):			
If you have a specific person in mind, please enter their name and location here:			Signature of Authorized Agent (required):			
ORDER — Personnel Request Details						
Required Skills, Training, Certifications (e.g., PALS, current ICS experience, languages, 2nd license such as PHN, etc.). Be as detailed as possible.		Anticipated work location and hours. Please specify if this role can be done remotely or during flexible hours. Note if staff should bring any supplies.		Number Needed	Date/Time Required	Anticipated Length of Service
Filled by (name):		Date Approved:	Date Filled:		Where from?:	Check if unable to fill:
Instructions: During a DOC activation, e-mail resource requests to hsadoc.coordinator@santacruzcounty.us						
If you do not receive an e-mail confirmation within two (2) hours indicating your request was received, dial (831) 454-5036 to speak with the DOC directly.						