



UCLA Occupational Health Services
10833 Le Conte Ave., Suite 67-120
Los Angeles, CA 90095
Phone: (310) 825-6771 Fax: (310)206-4585

Workers Compensation Student Worker Employment Verification

Employee Name: _____

Employee/Student 9 digit UID#: _____

Employment Department and Location:

By signing this form, I am confirming that this person is a UCLA paid employee.

HR Representative/Supervisor Printed Name and Signature