



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.

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HR Representative/Supervisor Printed Name and Signature