Please read instructions before completing form

1) Complete the following items in this section: "**Non-County Worker Information:**

Name:	**Student name** (if applicant is student) ***Instructor name** (if applicant is instructor)
a) Date of Birth:	**Applicant's Date of Birth**
b) Pay Location:	N/A
c) Title:	**Students:** 9527 Student PHN w/o comp ***Instructors:** 9535 Volunteer Worker w/o com
d) Program/Dept Assigned to:	CHS/Programs
e) Manager/Supervisor:	N/A
f) Contact #:	N/A
g) Executive Manager Signature:	N/A

2) Complete the following items in this section:
(Complete if Agency/Contract Worker/Fellow/Resident/Student/Volunteer):

a) Name of Agency/Contract/School:	Name of school, *Instructors who work in more than one school will need to complete a separate form for each school
b) Phone #:	Student's home or cell phone Number where he/she can be reached
c) Assignment Start Date:	Clinical Rotation Start Date
d) End Date:	End of clinical rotation *Instructors have no end date

3) Complete the following items in this section: **Type of Appointment**

a) **Students**- Check	Fellows, Interns, Student, Resident
b) **Instructors**- Check	Clinical Volunteer

Provide type of license and license number

4) Please check Procedure(s) needed: "New ID Badge and Fingerprints"

5) Send the WOC and WOC Request Form Checklist forms to Sharon Oriel via fax, (213) 250-0612 or scan and email to universityaffiliates@ph.lacounty.gov

6) After receipt and review of the student list and the WOC forms, Nursing Administration will notify the university coordinator that students can call the Department of Public Health Resources (323) 869-8282 to **schedule an appointment** for Live Scan.

7) **Completed WOC forms will be submitted to DPH-HR by Nursing Administration prior to appointment.**

Live Scan is done at the following location:

County of Los Angeles Department of Public Health
5555 Ferguson Drive
Central Lobby, 2nd Floor, Suite 220
Commerce, CA 90022
Monday-Friday 8 a.m. to 4:00 p.m.

QUESTIONS? Call (213) 250-8645

10/30/13: SO

COUNTY OF LOS ANGELES
Public Health

WITHOUT COMPENSATION (WOC) REQUEST FORM

TO: Human Resources - Operations Unit

FROM: Requestors' Information (HR Liaison):

Print Name: _____ Program/Dept: Nursing Administration

Authorizing Signature: _____ Date: _____

Contact #: (213)240-7725 E-Mail Address: _____

Non-County Worker Information:

Name: _____ DOB: _____ Pay Location: N/A

Title: 9527studentw/ocompensation Program/Dept Assigned to: CHS/Programs

Manager/Supervisor: N/A Contact #: N/A

Executive Manager Signature: N/A

(Complete if Agency/Contract Worker/Fellow/Resident/Student/Volunteer)

Name of Agency/Contract/School: _____

Phone #: _____ Assignment Start Date: _____ End Date: _____

Type of Appointment:

☐ Contract Worker/ Agency Staff ☒ Fellows, Intern, Student, Resident WOC

☐ Non-clinical Volunteer ☐ Servicon/ Security

☐ C-BEEP (Community Based Enterprise Education Program) Intern

University / College: _____

☐ Clinical Volunteer - Please provide following information (Attach copy of license at time of livescan):

Type of License: _____ License #: _____

Please check procedure(s) needed:

☒ **New** ID Badge and Fingerprints ☐ **Replacement** ID Badge *2

☐ License Verification

Completed forms <u>must</u> be submitted via fax to (323) 869-0183 <u>PRIOR</u> to appointment.

Please be advised that an appointment is required for **<u>all</u>** ID badge and fingerprint requests. Appointments are made available through DPH/ Human Resources beginning Monday - Friday, from 8:00 a.m. to 4:00 p.m., please contact (323) 869-8282 to make an appointment.

*All fees are to be paid to the Department of Public Health.

[1] The replacement fee for lost or stolen identification badges is*$ 25.00.*

[2] It is the individual's responsibility to report any lost or stolen identification badge within five business days to the law enforcement agency having jurisdiction where the loss or theft occurred. Each individual will be required to pay for the replacement cost of his/her identification badge if it is not returned, lost or damaged, or destroyed due to personal negligence.

Each individual must sign an affidavit attesting to the fact that the identification badge was lost or stolen. Therefore, prior to the issuance of a duplicate identification badge, the individual must sign an affidavit and provide Human Resources office with a copy of the police report in addition to the replacement fees.