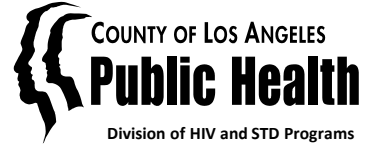


Division of HIV and STD Programs
HERR/CRCS/FAITH-BASED
EvalWeb Staff Request Form



Please complete the sections below to request the addition or deletion of a staff person. One form should be completed for each staff. E-mail your completed form to Paulina Zamudio at pzamudio@ph.lacounty.gov. Incomplete forms will be returned. If you have any questions on how to complete this form, please contact your Program Manager.

Section 1: Agency Information

Requested By: _____ Contact Number: _____
Agency Name: _____ E-mail Address: _____

Section 2: Add Staff Delete Staff

Program Type (select one only):

- HE/RR
- CRCS
- Faith-Based

Section 3: Staff/Program Information

Staff Name: _____
(Last Name) (First Name)

Program Name: _____

Date of Hire: _____ Date Left Agency: _____

Program Coordinator: _____
PRINT FIRST AND LAST NAME

SIGNATURE Date: _____

Revised 1/2015

DHSP Staff Only			
Date Received	_____	Date Entered:	_____
Entered by:	_____	Date Agency Notified:	_____