

**Please read instructions before completing form**

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

- |                                 |   |
|---------------------------------|---|
| <b>Name:</b>                    | <b>Student name</b> (if applicant is student)<br><b>*Instructor name</b> (if applicant is instructor) |
| a) Date of Birth:               | <b>Applicant’s Date of Birth</b>  |
| b) Pay Location:                | N/A   |
| c) Title:                       | <b>Students:</b> 9527 Student PHN w/o comp<br><b>*Instructors:</b> 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<br>Number where he/she can be reached  |
| c) Assignment Start Date:          | Clinical Rotation Start Date  |
| d) End Date:                       | End of clinical rotation<br>*Instructors have no end date   |

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

- |                              |                                     |
|------------------------------|-------------------------------------|
| a) <b>Students-</b> Check    | Fellows, Interns, Student, Resident |
| b) <b>Instructors-</b> Check | Clinical Volunteer                  |
- Provide type of license and license number

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

5) Send completed WOC and WOC Request Form Checklist to [universityaffiliates@ph.lacounty.gov](mailto:universityaffiliates@ph.lacounty.gov) or you may submit by fax to Rosarina Albert at (213) 250-0612.

6) After receipt and review of the student list and the WOC forms, Nursing Administration will notify the university coordinator when students may call the Department of Public Health Human 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, 2<sup>nd</sup> Floor, Suite 220  
Commerce, CA 90022  
Monday-Friday 8 a.m. to 4:00 p.m.

Any QUESTIONS, please call (213) 989-7088 or (213) 240-7725.

06/30/15: RA



**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:**

- |   |  |
|---|--|
| <input type="checkbox"/> Contract Worker/ Agency Staff                                | <input checked="" type="checkbox"/> Fellows, Intern, Student, Resident WOC |
| <input type="checkbox"/> Non-clinical Volunteer                                       | <input type="checkbox"/> Servicon/ Security                                |
| <input type="checkbox"/> 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:**

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> New ID Badge and Fingerprints | <input type="checkbox"/> Replacement ID Badge *2 |
| <input type="checkbox"/> License Verification                     |  |

**Completed forms must be submitted via fax to (323) 869-0183 PRIOR to appointment.**

Please be advised that an appointment is required for all 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.

<sup>1</sup> The replacement fee for lost or stolen identification badges is \$ 25.00.

<sup>2</sup> 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.