WORKERS' COMPENSATION

VOLUNTEER/WITHOUT SALARY (WOS) APPOINTMENT

PLEASE COMPLETE THE FOLLOWING INFORMATION REGARDING YOUR VOLUNTEER/(WOS) EMPLOYEE. IF YOU HAVE ANY QUESTIONS PLEASE CALL WORKERS' COMPENSATION (530) 752-7243, OR E-mail workerscomp@ucdavis.edu.

DEPARTMENT:	**Phone: ( )**
Name of Volunteer:	
Social Security Number or other ID Number:	

Local	**Street**	
Address	**City**	**State**
	Zip	
	Phone ( )	

Permanent	**Street**	
Address	**City**	**State**
	Zip	
	Phone ( )	

Brief Description of Duties

Is Volunteer/WOS appointment receiving salary from many outside institution or foreign country? Y ☐ N ☐ **If "Y" please provide name of source:** _____

Beginning Date of Assignment:	**Ending Date:**
Supervisor's Name:	
Supervisor's Signature:	

Please retain this form in your department files. Workers' Compensation will request a copy should a Workers' Compensation claim arise.

Cc: Carol Edwards, UC visitors
SISS, international visitors