

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.

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

<i>Local</i>	Street	
<i>Address</i>	City	State
	Zip	
	Phone ()	

<i>Permanent</i>	Street	
<i>Address</i>	City	State
	Zip	
	Phone ()	

Brief Description of Duties

Is Volunteer/WOS appointment receiving salary from any 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.