Student Health Center
Workers' Compensation Authorization Form
for
Student Assistants and Graduate Assistants

Student's Name _____
First Last

EmplID_____ Date of Injury_____ Date of Hire_____

Department Name_____

Campus Extension_____ Zip plus 4_____

Supervisor's Name_____
First Last

Date of Treatment_____

The above named student assistant or graduate assistant is an employee and has been injured or exposed to an illness while at work for UCF and is authorized for medical treatment at the UCF Student Health Center. I understand that a First Report of Injury Form must be submitted to Human Resources immediately. The First Report of Injury Form is available on the Human Resources website at http://hr.ucf.edu.

_____ _____
Supervisor's Signature or Department Representative Date

Revised 10/06