

FULL NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

EMAIL ADDRESS PHONE NUMBER PHONE TYPE

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

HOURS VERIFICATION REQUEST

- \_\_\_ I am requesting service hours documentation of my time completed in the program thus far.
  - Documentation of service hours lists the date of service, service assignment, hours of each shift, and a total of all hours. The documentation does not list the total number of hours for each department assignment.
- \_\_\_ I am requesting a letter of verification of my hours completed in the program thus far.
  - A letter of verification lists a general description of the program, the amount of time you have spent in the program, and the number of hours completed. The letter of verification is not the same as a letter of recommendation.

INSTRUCTIONS

- Submit your completed form to the Administrative Coordinator at [CEAdmin@mednet.ucla.edu](mailto:CEAdmin@mednet.ucla.edu).
- Please allow at least 72 hours for processing.
- Documentation will be emailed to the email address listed on the form above.
- If you are completing or inactivating from the program, submit the completion/inactivation request form and your volunteer badge to the Care Extender office.

\_\_\_\_\_  
Signature (type full name if filled electronically)

\_\_\_\_\_  
Today's Date (mm/dd/yyyy)