



LOS ANGELES COMMUNITY COLLEGE DISTRICT
CERTIFICATION OF VIDEO DISPLAY TERMINAL USE

- Check one: Administrative, Management, Confidential, Unrepresented (Board Authorization 6/3/92)
 Supervisory (Article 23.B.4)
 Faculty (Article 9.F.1)
 Clerical/Technical (Article 8.J.6)
 Crafts (Article 9.K.6)

This is to certify that I am a (CHECK ONE ONLY)

- Video Display Terminal operator (I work at a video display terminal twenty hours or more a week.)
 Video Display Terminal user (I work at a video display terminal, but fewer than twenty hours per week).

	PRINT Last Name	First Name	M.I.	Employee #
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Signature	Date
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I acknowledge this certification.

Supervisor's Signature	Date
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EMPLOYEE: Please return completed form to:
 LACCD Health Benefits Call Center
 770 Wilshire Blvd.
 Los Angeles, CA 90017
 If you have any questions, call the LACCD Health Benefits Call Center at (888) 428-2980.