

Los Angeles Community College District

Certification of Video Display Terminal Use

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Check one:		Administrative, Management, Confidential, Unrepresented 6/3/92)	(Board Authorization
		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 I	Name,	First Name, Middle Initial	Employee Number
,	·		
Employee's Signature			Date
I acknowledge this certification.			
Supervisor Signature			Date
Employee Signature			
. ,	J		
Please return completed form to:			
Mail: LACCD Health Benefits Unit, 770 Wilshire Blvd., Los Angeles, CA 90017 Email: HealthBenefits@email.laccd.edu			
If you have any questions, please call the LACCD Health Benefits Unit at (888) 428-2080			

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