



Health Services
LOS ANGELES COUNTY



Human Resources

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[Rancho Los Amigos 2016 Orientation/Reorientation Handbook](#)

Which workforce group do you belong to: **County - DHS** **Non-County/Non-DHS**

* Denotes required fields

Workforce Member ID#:

*Facility:

If your agency is not listed, please contact your contract liaison or facility HR office.

*Contractor Agency:

*First Name:

*Last Name:

Classification:

Area/Work Unit:

*DHS Supervisor's Name:

I attest I have read the 2016 Rancho Los Amigos Handbook . I am familiar with the contents and will abide by the guidelines set forth.

If I have any questions or concerns, I will talk to my supervisor or the facility Human Resources Office.

If you are submitting attestation information on behalf of a contractor, check the Proxy box and provide your employee information: Proxy

Proxy's Employee Number:

Proxy's Name:

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