



MEMBERSHIP APPROVAL REQUEST

1. REQUESTOR INFORMATION		
Requesting Facility/Division:	Dept. #:	Date of Request:
Preparer's Name:	Phone #:	Unit Code:
2. MEMBERSHIP INFORMATION		
Name of Membership:		
Renewal: <input type="checkbox"/>	New: <input type="checkbox"/>	Period Covered: <input type="text"/> Amount: <input type="text"/>
3. JUSTIFICATION (Use separate sheet, if needed):		
A. Describe how the employee(s) membership will benefit DHS.		
B. Briefly describe the purpose of the membership.		
C. Describe the employee(s) job responsibilities which relate to the membership.		
D. Identify the specific knowledge and/or skills the employee(s) will learn from the membership.		
E. If applicable, explain why more than one employee should have this membership.		
4. SIGNATURES:		
Section/Unit Supervisor PRINTED NAME and SIGNATURE :	DATE:	
Division/Department Head PRINTED NAME and SIGNATURE :	DATE:	
Facility CEO/CFO PRINTED NAME and SIGNATURE :	DATE:	
DHS Finance Administration/CFO PRINTED NAME and SIGNATURE :	DATE:	

The Facility and DHS Finance Executive Management Team is as follows:

- LAC+USC Medical Center: Jorge Orozco, CEO
- Harbor-UCLA: Anish Mahajan, CEO
- Martin Luther King, Jr. OC: Yolanda Vera, CEO
- Rancho Los Amigos NRC: Aries Limbaga, CEO
- Olive View-UCLA: Kimberly McKenzie, CEO
- Ambulatory Care Network: Quentin O'Brien, CEO
- Juvenile Court Health Services: Quentin O'Brien, CEO
- Managed Care Services: Various
- DHS Finance: Allan Wecker, CFO