

## Authorization to Treat

Please perform the following services for (Employee Name)

\_\_\_\_\_  
Employer Name:  
\_\_\_\_\_

UF ID Number:  
\_\_\_\_\_

Position Number:  
\_\_\_\_\_

Pre-employment - New Hire Reason For Visit	Established Employment - Transfer Reason For Visit

Comments:

UF Authorized Representative  
\_\_\_\_\_

Date  
\_\_\_\_\_

UF Department Field  
\_\_\_\_\_

