

**DAVID GEFFEN SCHOOL OF MEDICINE
HEALTH SCIENCES COMPENSATION PLAN
MEMBERSHIP STATEMENT**

I have received a copy of the University of California Health Sciences Compensation Plan, the Conflict of Commitment and Outside Activities of Health Sciences Compensation Plan Participants, the School of Medicine Implementing Procedures of the Plan, and my Department's Compensation Plan Bylaws. I understand that the provisions in all four documents constitute conditions of my employment.

Signature

Date

Printed Name

Department