

Community Service Activity Approval Form

The University of Florida Self Insurance Program ("UFSIP") provides professional liability protection in the amount of \$500,000 per claim for pre-approved community service activities.

Approvals required for UF HSC employees: Department Chair, college Dean or VPHA and UFSIP Director

Approvals required for Shands HealthCare employees: Hospital CEO and UFSIP Director

Questions should be directed to UFSIP, Physician Services, ph. 352-273-7006

Date of Request: _____

Department: _____

Point of Contact: _____
(Name, title, phone and/or email address)

I. Entity Supported

Name _____

Address _____

II. Proposed date(s) _____

Location of Activity: _____

III. Description of activity:

Individuals requesting community service activity approval

Employer: Name of College/Department or Hospital

Name (Print) (Signature)

Name (Print) (Signature)

Name (Print) (Signature)

APPROVAL AUTHORITY

If UF:

If other than UF:

Approved - Chairman Date

Approved - Dean Date

Approved - Director, UF SIP Date

Approved - Faculty Administrator Date

Approved - Director, UF SIP Date