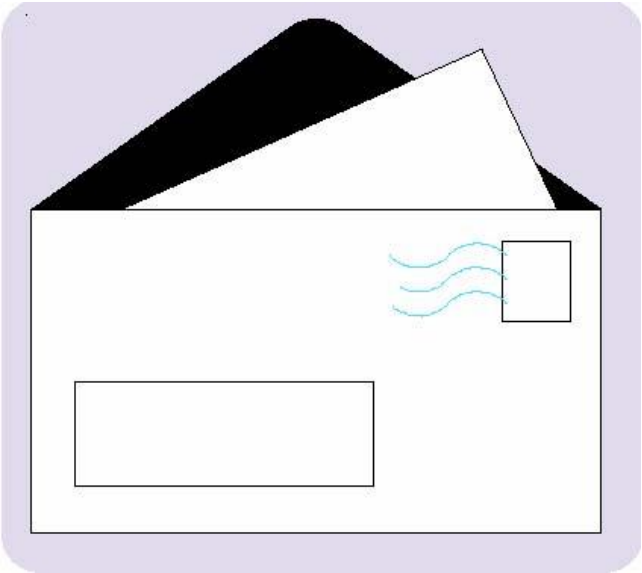
THE EMPLOYEE'S ROLE:

When an Employee is Injured on the Job



Human Resources Management
Workers' Compensation Program

February 25, 2019

This guidebook gives an overview of the California workers' compensation system. It is meant to help employees with job related injuries to understand their basic legal rights, the steps to take to request workers' compensation benefits, and where to seek further information and help if necessary.

Because this guidebook cannot cover all possible situations faced by injured workers, additional resources are listed.

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Chapter 1

The Basics of Workers' Compensation:

Workers' Compensation

The workers' compensation system was established to provide benefits to employees who sustain a work-related injury or illness. Benefits include medical treatment costs, temporary disability payments for lost wages, permanent disability payments for a decreased ability to compete in the open labor market, and death benefits to an employee's dependent(s). Under workers' compensation law, an employee receives benefits if he or she is injured no matter who is at fault.

Work-Related Injury

Throughout this booklet, the term "work-related injury" will be used to describe any injury or illness that occurs during the course of employment and results from work or working conditions.

> Example of an injury: An employee sprains his or her back while lifting a heavy box at work.
>
> Example of an illness: An employee gets a skin rash as a result of exposure to chemicals or solvents used at the work site.

Workers' Compensation/Disability Management Coordinator (WC/DMC)

Each campus has an individual designated as the Workers' Compensation/Disability Management Coordinator. This person is responsible for managing the workers' compensation cases for the campus. This person is responsible for advising supervisors and employees on the workers' compensation process and the benefits to which an injured employee may be entitled. The WC/DMC can assist you in dealing with questions regarding an employee's claim for workers' compensation.

The Workers' Compensation/Disability Management Coordinator is responsible for assisting injured employees in returning to work as soon as medically feasible. The WC/DMC will rely on the Department to provide him or her with updated medical slips, information on the availability of transitional duty (e.g., light duty), or the ability to temporarily modify the employee's usual and customary job.

Who is Sedgwick CMS?

Sedgwick CMS administers workers compensation claims on behalf of the CSU. Octagon makes all liability determinations and ensures an injured worker receives the benefits to which he or she is entitled. They are also referred to as the Third Party Administrator (TPA).

When am I covered?

Coverage begins the first minute you are on the job and continues anytime while you are working.

What are the benefits?

The program will pay for all medical and hospital bills approved by the third party administrator (Sedgwick CMSs) associated with your work-related injury or illness.

If you are disabled and cannot work, you may be eligible for either Industrial Disability Leave (IDL) or Temporary Disability (TD). A three day waiting period will apply in most cases for either benefit.

In more serious injury or illness cases, employees may be entitled to permanent disability benefits. Further, vocational rehabilitation benefits may be provided when employees are unable to return to their job on a permanent basis. Finally, benefits are paid to qualifying dependents in work-related death cases.

Can I choose the doctor who will treat me?

Only if you inform the Human Resources Management Office in writing before you are injured with the name and address of your personal physician. By doing so you have "pre-designated" your personal physician.

If you pre-designate, you will be allowed to see your personal physician right after you are injured.

If you don't pre-designate: CSULA has the right to choose the doctor who treats you for the first 30 days after we learn about your injury or illness.

How do I pre-designate?

Notify Human Resources Management in writing by completing the Physician Pre-designation form (See Chapter 7).

This doctor must be your primary care physician and must agree to be pre-designated. It would also be useful to list the doctor's medical group in case your personal physician is unavailable.

How can I avoid getting hurt on the job?

It's best to prevent injuries before they happen. Following established safety guidelines and being attentive while on the job are the best methods to avoid getting injured in the first place. CSU Los Angeles has an Injury and Illness Prevention Program. The program includes worker training, workplace inspections, and procedures for correcting unsafe conditions promptly. Report any unsafe conditions to your manager, supervisor or lead promptly.

Chapter 2

After You Get Hurt on the Job?

Immediately report the injury/illness to your supervisor. If your injury or illness developed gradually (like tendonitis or hearing loss), report it as soon as you learn or believe it was caused by your job.

Reporting an injury or illness promptly helps prevent problems and delays in receiving benefits, including medical care you may need.

Within one working day of knowing there's been an injury or illness, you are required to complete the Employee's Report of Injury/Illness form and submit to your supervisor.

Where do I get treatment if needed?

For injuries requiring immediate emergency assistance, dial 911. The Student Health Center is available for first aid treatment if needed. When the Health Center is closed, employees should be referred to Concentra Medical Group Commerce facility.

If the Student Health Center determines that further care is needed, they will refer you to the El Monte Concentra Medical Group.

Fill out a claim form and return it to the Workers' Compensation Coordinator in Human Resources Management. Your Workers' Compensation/Disability Management Coordinator must give or mail you a claim form within one working day after learning about your injury or illness that is beyond first aid. First Aid is defined as any one-time treatment and any follow-up visit for the purpose of observation.

Read all of the information that comes with the claim form. Fill out and sign the "employee" portion of the form. Describe your injury completely. Include every part of your body affected by the injury. Return the form to the Workers' Compensation Coordinator. This is called "filing" the claim form.

Medical Appointments:

The CSU policy states that once an employee is released by the physician to full-time employment and subsequently loses work time for doctor's appointment, physical therapy etc., such absences shall be charged to the employee's leave credits consistent with CSU policy on reporting of absences for non-exempt and exempt employees.

What if I need Transportation to the Medical Facility?

The supervisor may use or make arrangements to use a personal car, contact Commuter Services to arrange the use of a rideshare vehicle, or you contact your in case of an emergency designee.

Chapter 3

What happens after I file the claim form?

Your Workers' Compensation/Disability Management Coordinator will fill out and sign the "employer" portion of the form and give the completed form to the claims administrator (Sedgwick CMSs). This person handles workers' compensation claims for CSULA.

The claims administrator has to decide within 90 days whether to accept or deny your claim.

"Accepting" the claim means the claims administrator agrees your injury is covered by workers' compensation. If your claim is accepted, you will receive paid medical care for your injury. You may also be eligible for payments to help make up for lost wages.

"Denying" the claim means the claims administrator believes your injury is not covered by workers' compensation. If the claims administrator sends you a letter denying your claim, you have a right to challenge the decision.

The claims administrator hasn't accepted or denied my claim yet, but I need medical care for my injury now. What can I do?

Sedgwick CMSs is required to authorize medical treatment while your claim is being investigated. This is limited to $10,000 or less.

Who decides what type of work I can do while recovering?

Your treating doctor is responsible for explaining in a medical report what kind of work you can and can't do through recovery.

Chapter 4

Working for CSULA after an Injury?

After a job injury, returning to work safely and promptly can help in your recovery. It can also help you avoid financial losses from being off work. This chapter describes how you can continue working for your employer.

When can I return to work, and what work can I do?

After you are hurt on the job, many people work with you to decide when you will return to work and what work you will do. These people include:

- Your treating doctor
- Your supervisor or others in management
- The claims administrator

Sometimes doctors and claims administrators do not fully understand your job or other jobs that could be assigned to you. Therefore, it is important that everyone stay in close touch throughout the process. You should actively communicate with your treating doctor, your supervisor, and the claims administrator about:

- The work you did before you were injured;
- Your medical condition and the kinds of work you can do now; and
- The kinds of work that CSULA could make available to you.

What happens while I am recovering?

Soon after your injury, the treating doctor examines you and sends a report to the claims administrator about your medical condition. If the treating doctor says you are able to work, he or she should describe:

Clear and specific limits, if any, on your job tasks while recovering. These are called "work restrictions." They should be based on full and accurate information from you and your supervisor about the activities and demands of your job. They are intended to protect you from further injury.

> Example: No lifting over 50 pounds at any time. No lifting over 30 pounds more than 10 times per hour. No lifting over 30 pounds more than 15 minutes per hour.

Changes needed, if any, in your assignments, equipment, or other working conditions while recovering.

> Example: Provide headset to avoid awkward positions of the head and neck.

Can I return to work with restrictions?

If your treating doctor reports that you can return to work with work restrictions, any work that your supervisor assigns must meet these restrictions. Your supervisor may, for example, change certain tasks, reduce your time on certain tasks, or provide helpful equipment. Or, your supervisor may say that work like this is not available.

What if I can return to work without restrictions?

If your treating doctor reports that you can return to your job without restrictions, your supervisor must give you the same job and pay that you had before you were injured.

What happens if I don't fully recover?

Your treating doctor may determine that you will never be able to return to the same job or working conditions that you had before you were injured.

The doctor should report this in writing. The report should include permanent work restrictions to protect you from further injury.

> Example: In some cases, you and the supervisor fill out a "Description of Employee's Job Duties" on form RU-91. The doctor reviews the form to determine whether you will be able to go back to your old job and working conditions.

Can I return to work even if I don't fully recover?

It depends on whether your employer can offer you a suitable job. If not, you may be eligible for other benefits.

What if You Were Injured in 2004 or Later?

New laws provide for supplemental job displacement benefits for eligible workers injured in 2004 or later. These replace vocational rehabilitation benefits. You will receive this information from the Claims Administrator.

What if CSULA Offers You Work?

If your supervisor can offer you work, the claims administrator shall send you an "Offer of Modified or Alternative Work" on a state DWC form.

The offer could involve one of the following:

1. Modified work. This is your old job with changes that meet the doctor's work restrictions. (Note: This definition of "modified work" is different from the one for workers injured before 2004.)

   Examples: Changing certain tasks, reducing time on certain tasks, changing the workstation, providing helpful equipment.

2. Alternative work. This is work that is different from your old job and meets the doctor's work restrictions.

What if Your Employer Doesn't Offer You Work?

If your employer does not offer you modified or alternative work and you do not return to work for your employer within 60 days after the final temporary disability (TD) payment, the claims administrator must offer you a supplemental job displacement benefit.

What if You Were Injured Prior to 2004?

Workers who were injured before 2004 may be eligible for vocational rehabilitation benefits, if the employer does not offer suitable work.

My supervisor will not offer or assign me the kind of work that I want. What can I do?

In some cases, the work assigned or offered to you may not be exactly what you want, or your supervisor may not offer you any work at all. A supervisor, however, is not required to offer you a job that you want. For example, there may not be any jobs you want that meet the doctor's work restrictions, or your supervisor's decision may be justified by business realities.

Chapter 5

Workers' Compensation Benefits

Temporary Disability Benefits

The State offers various types of temporary disability benefit programs under workers' compensation: Temporary Disability, Industrial Disability Leave, with or without supplementation.

Before benefits start, most disabled employees will serve a waiting period of three calendar days. The waiting period need not be consecutive days. The waiting period is waived if the employee is hospitalized, if the injury was caused by a criminal act of violence, if the employee is disabled more than 14 calendar days.

TEMPORARY DISABILITY (TD) payments start on the fourth day of approved absence from work due to a work-related injury. TD is based on two-thirds of gross pay at the time of injury. The law allows State employees to supplement TD payments with accrued leave credits up to the amount of their full pay.

INDUSTRIAL DISABILITY LEAVE (IDL) payments are available only to active members of the California Public Employees' Retirement System (Cal PERS) or the California State Teachers' Retirement System (Cal STRS). This benefit is a salary continuation program that is significantly better than the standard TD benefit. IDL is available to employees for 52 weeks within a two-year period from the first day of disability. IDL payments are based on the employee's full net pay for the first 22 working days of disability and after that are calculated at two-thirds of the employee's gross pay. Employees can supplement IDL payments with accrued leave credits up to the amount of their approximate full net pay.

The Workers' Compensation Coordinator will provide detailed benefit information to the injured employee.

Permanent Disability Benefits

A qualified medical examiner will write a "permanent and stationary" report when the condition of an injured employee has stabilized and is not expected to get better or worse. The report will describe the lasting effect, if any, of the injury or illness. Permanent Disability (PD) is the term used to describe any lasting effects of the industrial injury. Benefits are set by law and are not reduced by other income, even if the injured employee returns to work. PD payments may not be supplemented with leave credits.

The Disability Evaluation Unit of the Division of Workers' Compensation will determine the amount of any permanent disability rating.

Chapter 6

Employee Responsibilities

Under the general direction of the manager/supervisor, employees will:

- Participate in achieving safety goals.
- Attend safety training and safety briefings provided by the department/university.
- Understand and comply with all safety rules and regulations.
- Report all injuries and accidents to the supervisor immediately.
- Complete employee's report of injury/illness form.
- Perform all activities using the proper tools, personal protective equipment and safety devices.
- Recognize potential safety hazards and report them to the supervisor.
- Identify possible safety hazards associated with the work, and contribute to any possible corrective action(s).
- Keep supervisors informed of any limitations that interfere with safe performance of assigned work.
- Maintain contact with your supervisor if you are off work due to an injury.
- Cooperate with the doctor and other medical providers (e.g. physical therapist), Workers' Compensation Coordinator, and supervisor in returning to work as soon as medically feasible.

Chapter 7

FORMS:

Human Resources Management

EMPLOYEE'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS

1. Notify your immediate supervisor as soon as possible of any injury/illness sustained during the course of your work with Cal State L.A.

2. Obtain medical care from
   - Cal State L.A. Student Health Center; or
   - Concentra or
   - Your personal physician (authorized only if you have submitted a Designation of Physician form to Human Resources Management Before your Date of Injury).

3. Within one working day, complete and return to your immediate supervisor:
   - Employee's Report of Occupational Injury/Illness

4. Continue with medical treatment as prescribed by the treating medical provider. After each medical visit, submit a copy of your medical status documents to:
   - Your immediate supervisor, and
   - Human Resources Management

Upon receipt of the appropriate forms, Human Resources Management will coordinate the claim processing with the University's insurance provider, the employing department, the medical provider and the employee. Should you require further assistance with this form, please contact your Workers' Compensation Coordinator at extension 3657.

Part A - PERSONAL INFORMATION

Name of injured:_____ Social Security Number: _____

Home Address (Number and Street, City, Zip):_____

Home Phone Number: _____ Birth Date: _____

Part B – EMPLOYMENT STATUS

Classification:_____ Department: _____

Supervisor:_____ Hire Date :_____

Part C - INJURY/ILLNESS

Date :_____Time: _____a.m./p.m. Date Employee Reported Injury:_____

Witnesses (Names and Telephone Numbers):

1 _____ 3 _____

2 _____ 4 _____

Where did injury/illness occur?_____

What were you doing when the injury/illness occurred?_____

How did the injury/illness occur?_____

Describe the nature of the injury/illness.

PLEASE ANSWER ALL QUESTIONS

Part - C (*Continued*)

Describe the part(s) of the body injured.
_____

Was another person responsible? _____Yes: _____ No: If yes explain._____

_____
_

Part D - MEDICAL TREATMENT

Where did you receive treatment?

_____CSULA Student Health Center

_____Concentra

_____Hospital: Name and Address _____
_____ _____

_____Declined Medical Care

Part E - RETURN TO WORK

Did you lose at least one (1) full day of work after the date of injury/illness? _____Yes _____No

Did you return to work? Yes (returned to work on_____) _____No

What type of work did you return to: _____ Regular _____ Modified

If you were unable to perform full duty, what type of temporary-modified work was made available to you? _____
_____

My supervisor arranged temporary-modified work for_____ day(s) beginning on _____

Part F - ACCIDENT PREVENTION

Describe the work place and conditions which may have contributed to the injury/illness and safety devices present: _____
_____

_____

What recommendations would you suggest which may correct the condition(s) and/or prevent future injuries/illnesses of this type?
_____

_____

Additional Comments: _____

_____

Employee's Signature: _____ Date: _____

Position Title: _____ Extension: _____

State of California
Department of Industrial Relations
DIVISION OF WORKERS' COMPENSATION

EMPLOYEE'S CLAIM FOR WORKERS' COMPENSATION BENEFITS

If you are injured or become ill because of your job, you may be entitled to workers' compensation benefits.

Complete the **"Employee"** section and give the form to your employer. Keep the copy marked **"Employee's Temporary Receipt"** until you receive the dated copy from your employer. You may call the Division of Workers' Compensation at **1-800-736-7401** if you need help in filling out this form or in obtaining your benefits. An explanation of workers' compensation benefits is included on the back of this form.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them.

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

Estado de California
Departamento de Relaciones Industriales
DIVISION DE COMPENSACIÓN AL TRABAJADOR

PETICION DEL EMPLEADO PARA BENEFICIOS DE COMPENSACIÓN DEL TRABAJADOR

Si Ud. se ha lesionado o se ha enfermado a causa de su trabajo, Ud. tiene derecho a recibir beneficios de compensación al trabajador.
*Complete la sección "**Empleado**" y entregue la forma a su empleador. Quédese con la copia designada "**Recibo Temporal del Empleado**" hasta que Ud. reciba la copia fechada de su empleador. Si Ud. necesita ayuda para completar esta forma o para obtener sus beneficios, Ud. puede hablar con la Division de Compensación al Trabajador llamando al **1-800-736-7401**. En la parte de atrás de esta forma se encuentra una explicación de los beneficios de compensación al trabajador.*

Ud. también debería haber recibido de su empleador un folleto describiendo los beneficios de compensación al trabajador lesionado y los procedimientos para obtenerlos.

Toda aquella persona que a propósito haga o cause que se produzca cualquier declaracion o representación material falsa o fraudulenta con el fin de obtener o negar beneficios o pagos de compensación a trabajadores lesionados es culpable de un crimen mayor "felonía".

Employee: ***Empleado:***

1. Name. *Nombre.* _____ Today's Date. *Fecha de Hoy.* _____
2. Home Address. *Dirección Residencial.* _____
3. City. *Ciudad.* _____ State. *Estado.* _____ Zip. *Código Postal.* _____
4. Date of Injury. *Fecha de la lesión(accidente).* _____ Time of Injury. *Hora en que ocurrió.* _____a.m._____p.m.
5. Address and description of where injury happened. *Dirección/lugar dónde occurió el accidente.* _____
6. Describe injury and part of body affected. *Describa la lesión y parte del cuerpo afectada.* _____
7. Social Security Number. *Número de Seguro Social del Empleado.* _____
8. Signature of employee. *Firma del empleado.* _____

Employer—complete this section and give the employee a copy immediately as a receipt.
Empleador—complete esta sección y déle inmediatamente una copia al empleado como recibo.

9. Name of employer. *Nombre del empleador.* _____
10. Address. *Dirección.* _____
11. Date employer first knew of injury. *Fecha en que el empleador supo por primera vez de la lesión o accidente.* _____
12. Date claim form was provided to employee. *Fecha en que se le entregó al empleado la petición.* _____
13. Date employer received claim form. *Fecha en que el empleado devolvió la petición al empleador.* _____
14. Name and address of insurance carrier or adjusting agency. *Nombre y dirección de la compañía de seguros o agencia administradora de seguros.* _____
15. Insurance Policy Number. *El número de la póliza del Seguro.* _____
16. Signature of employer representative. *Firma del representante del empleador.* _____
17. Title. *Título.* _____ 18. Telephone. *Teléfono.* _____

Employer: You are required to date this form and provide copies to your insurer or claims administrator and to the employee, dependent or representative who filed the claim within **one working day** of receipt of the form from the employee.

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

Empleador: *Se requiere que Ud. feche esta forma y que provéa copias a su compañía de seguros, administrador de reclamos, o dependiente/representante de reclamos y al empleado que hayan presentado esta petición dentro del plazo de **un día hábil** desde el momento de haber sido recibida la forma del empleado.*

EL FIRMAR ESTA FORMA NO SIGNIFICA ADMISION DE RESPONSABILIDAD

Original (Employer's Copy)
DWC Form 1 (REV. 1/94)

ORIGINAL (Copia del Empleador)
DWC Forma 1 (REV. 1/94)

WORKERS' COMPENSATION BENEFITS

Medical Care. All medical care for your work injury or illness will be paid for by your employer or employer's insurance company. Medical benefits may include treatment by a doctor, hospital services, physical therapy, lab tests, x-rays, and medicines. Your employer or employer's insurance company will pay the cost directly so you should never see a bill.

Payment for Lost Wages. If you can't work because of a job injury or illness, you will receive "temporary disability" benefit payments. The payments will stop when your doctor says you are able to return to work. These benefits are tax-free. Temporary disability payments are two-thirds of your average weekly pay, up to a maximum set by state law. Payments are not made for the first three days you are off the job unless you are hospitalized or cannot work for more than 14 days.

Payment for Permanent Disability. If the injury or illness results in a permanent handicap, permanent disability benefit payments will be paid after recovery. The amount of benefits will depend on the type of injury, and your age and occupation.

Rehabilitation. If the injury or illness prevents you from returning to the same type of job, you may qualify for "vocational rehabilitation benefits". These benefits include services to help you get back to work. If you qualify for vocational rehabilitation, the costs will be paid by your employer or employer's insurance company, up to a maximum set by state law.

Death Benefits. If the injury or illness causes death, payments may be made to relatives or household members who were financially dependent on the worker.

Disclosure of Medical Records. After you make a claim for workers' compensation benefits, your medical records will not have the same privacy that people usually expect for medical records. Records of all medical treatment you have received, even for injuries or illnesses that are not caused by your work, may be read by a variety of people. If you do not agree to voluntarily release medical records, they can be "subpoenaed" and ordered to be released. A workers' compensation judge may "seal" (keep private) certain medical records if the worker requests privacy.

For More Information. If you need help filling out this form, or if you have questions about workers' compensation benefits, please call an Information and Assistance Officer in the local office of the Division of Workers' Compensation. You may hear recorded information and a list of local offices by calling this toll free number: **1-800-736-7401**. This is a free service of the State of California. You may also consult an attorney.

BENEFICIOS DE COMPENSACIÓN AL TRABAJADOR

Cuidado Médico. *Todo el cuidado médico por o enfermedad causada en el trabajo será pagad empleador/patrón o su compañía de segu beneficios médicos pueden incluír tratamient doctor, servicios de hospital, fisioterapia, a laboratorio, rayos-x, y medicamentos. Su emple compañía de seguros de su empleador pagará dir el costo, así Ud. nunca tendrá que ver una cuenta.*

Pago por Pérdida de Sueldos. *Si Ud. trabajar debido a una enfermedad o lesión caus trabajo, Ud. recibirá pagos de beneficio de "inc temporal". Los pagos se detendrán cuando s indique que Ud. puede volver a su trabajo. Estos son libres de impuestos. Los pagos por inc temporal son dos-tercios del promedio de su pag hasta un máximo asignado por la ley del estad ejectúa pago por los tres primeros días que incapacitado a menos que Ud. este hospitalizado o trabajar por mas de 14 días.*

Pagos por Incapacidad Permanente *resultados de la lesión o enfermedad pro impedimento o incapacidad permanente, se efectua de incapacidad permanente después de la recuperac*

Rehabilitación. *Si la lesión o enfermedad le Ud. volver al mismo trabajo, puede ser que Ud. para los "beneficios de rehabilitación vocaciona beneficios incluyen servicios para ayudarlo a que l a trabajar. Si Ud califica para rehabilitación voca costos serán pagados por su empleador o su co seguros, hasta un maximo asignado por la ley del*

Beneficios de Muerte. *Si la lesión o em resulta en muerte, los pagos pueden ser efe parientes o a miembros de la familia quienes financieramente del trabajador.*

Revelación de Expedientes Médicos. *De que Ud. efectúa un reclamo para beneficios de com del trabajador sus expedientes médicos no tendrán privacidad que la gente por lo general espe expedientes médicos. Un expediente de tratamientos médicos que Ud. haya recibido, in lesiones o enfermedades que no hayan sido causa trabajo, pueden ser leídos por distintas personas. esta de acuerdo a entregar voluntariamente los médicos, pueden ser ordenados en un "comparen judicial) y que ordenan su entrega. Un compensaciones al trabajador, puede "cerrar" (man privado) ciertos expedientes médicos si el trabajad privacidad.*

Información y Asistencia. *Si Ud. necesita a completar esta forma, o si Ud. tiene preguntas rel con sus beneficios, por favor póngase en contac Oficial de Información y Asistencia en la oficina l División de Compensación al Trabajador. U escuchar información grabada y una lista de la locales llamando gratis al número: 1-800-736-7 es un servicio gratis del Estado de California. Ud puede consultar a un abogado.*

State of California
Division of Workers' Compensation

DESCRIPTION OF EMPLOYEE'S JOB DUTIES

INSTRUCTIONS: This form shall be developed jointly by the employer and employee and is intended to describe the employee's job duties. The completed form will be reviewed by the treating doctor to determine whether the employee is able to return to his/her job. This is an important document and should accurately show the requirements of the employee's job. If the employee needs help in completing this form, the employee may contact the Information and Assistance Officer at the Division of Workers' Compensation. The phone number can be found in the State Government section of the phone book.

EMPLOYEE NAME: (LAST) (FIRST) (M.I.)		CLAIM #:
EMPLOYER NAME:	JOB ADDRESS:	
JOB TITLE:	HRS. WORKED PER DAY:	HRS. WORKED PER WEEK:

DESCRIPTION OF JOB RESPONSIBILITIES: (DESCRIBE ALL JOB DUTIES)

1. Check the frequency of activity required of the employee to perform the job.

ACTIVITY (Hours per day)	NEVER 0 hours	OCCASIONALLY up to 3 hours	FREQUENTLY 3–6 hours	CONSTANTLY 6–8+ hours
Sitting				
Walking				
Standing				
Bending (neck)				
Bending (waist)				
Squatting				
Climbing				
Kneeling				
Crawling				
Twisting (neck)				
Twisting (waist)				
Hand Use: Dominant hand Right___ Left___				
Is repetitive use of hand required?				
Simple Grasping (right hand)				
Simple Grasping (left hand)				
Power Grasping (right hand)				
Power Grasping (left hand)				
Fine Manipulation (right hand)				
Fine Manipulation (left hand)				
Pushing & Pulling (right hand)				
Pushing & Pulling (left hand)				
Reaching (above shoulder level)				
Reaching (below shoulder level)				

2. Please indicate the daily Lifting and Carrying requirements of the job:
Indicate the height the object is lifted from floor, table or overhead location and the distance the object is carried.

	LIFTING					CARRYING				
	Never 0 hours	Occasionally up to 3 hours	Frequently 3–6 hours	Constantly 6–8+ hours	Height	Never 0 hours	Occasionally up to 3 hours	Frequently 3–6 hours	Constantly 6–8+ hours	Distance
0–10 lbs.										
11–25 lbs.										
26–50 lbs.										
51–75 lbs.										
76–100 lbs.										
100+ lbs.										

Describe the heaviest item required to carry and the distance to be carried: _____

3. Please indicate if your job requires:

	YES	NO	(IF YES, PLEASE BRIEFLY DESCRIBE)
a. Driving cars, trucks, forklifts and other equipment?	☐	☐	
b. Working around equipment and machinery?	☐	☐	
c. Walking on uneven ground?	☐	☐	
d. Exposure to excessive noise?	☐	☐	
e. Exposure to extremes in temperature, humidity or wetness?	☐	☐	
f. Exposure to dust, gas, fumes, or chemicals?	☐	☐	
g. Working at heights?	☐	☐	
h. Operation of foot controls or repetitive foot movement?	☐	☐	
i. Use of special visual or auditory protective equipment?	☐	☐	
j. Working with bio-hazards such as: bloodborne pathogens, sewage, hospital waste, etc.	☐	☐	

Employee Comments:

Employer Comments:

EMPLOYER CONTACT NAME:	EMPLOYER CONTACT TITLE:
EMPLOYER REPRESENTATIVE SIGNATURE:	DATE:
EMPLOYEE'S SIGNATURE:	DATE:
QUALIFIED REHAB. REPRESENTATIVE SIGNATURE: (IF APPLICABLE)	DATE:

CALIFORNIA STATE UNIVERSITY, LOS ANGELES

Employee Pre-designation of Personal Physician

The California Labor Code grants an employee, who has sustained an occupational injury or illness the right to medical care. Labor Code Section 4600 permits the employee, the right to be treated by a "personal physician" if the physician is designated prior to the injury or illness. A Personal Physician must meet all of the following conditions:

1. The physician is your regular physician licensed as an M.D. or D.O.
2. The physician is your primary care physician who has limited his or her practice of medicine to general practice or who is a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner, and has previously directed your medical treatment and who retains your medical records.
3. The physician agrees to be pre-designated.

If you wish to pre-designate a personal physician, please have your physician provide the information requested below.

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EMPLOYEE: I, _____, request to be treated by my personal physician in case of an occupation injury or illness occurring during the course of my employment with CSU, Los Angeles.

My personal physician is: _____.

Employee signature: _____ Dept. _____.

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PHYSICIAN: The physician is not required to sign this form, however, if the physician or designated employee of the physician does not sign, other documentation of the physician's agreement to be pre-designated will be required pursuant to Title 8, California Code of Regulations, Section 9780.1(a)(3).

If you agree to be the pre-designated personal physician to treat work related injuries sustained by an employee of California State University, Los Angeles, please provide the following information. This form may be returned to the employee requesting your acceptance of pre-designation or mailed directly to the office listed below.

I am the employee's regular or primary care physician and have previously directed his/her medical treatment and I retain their medical records including medical history. I agree to be the pre-designated personal physician for _____.
Employee's Name

Physician Name:_____ Phone: _____

Physician Address:_____

Physician Signature:_____ Date:_____

Please return this form to: CSU, Los Angeles, Attn: Denise Watson-Cross, Human Resources Management, Adm. 606, 5151 State University Drive, Los Angeles, CA 90032-8570

Notice: The University reserves the right to manage an employee's medical treatment to the extent permitted under the law as interpreted at the time of injury/illness.

Chapter 8

Contacts?

Workers' Compensation/Disability Management Coordinator:

Denise Watson-Cross

Phone: (323) 343-3657

Sedgwick CMS:

Phone: (916) 852-2946

Campus Medical Providers:

Student Health Center:

Phone: (323) 343-3301

Concentra Medical Group

Phone: El Monte facility (626) 407-0300

Commerce facility (323) 722-8481

State Division of Workers' Compensation.

DWC administers workers' compensation laws and provides information and help to injured workers. Check the Government Pages at the front of the white pages of a phone book. Look under: State Government Offices/Industrial Relations. See also the DWC website: www.dir.ca.gov/dwc.

Information & Assistance (I&A).

I&A officers answer questions and help injured workers resolve problems with their claims. Their services are free. For more information contact them at (213) 576-7389.

Chapter 9

Glossary:

This glossary gives brief explanations of terms that are commonly used in workers' compensation. These are not the full legal definitions.

Accepted claim:

A workers' compensation claim in which the claims administrator agrees that the worker's injury or illness is covered by workers' compensation. Even if a claim is accepted, however, there may be delays or other problems. Also called "admitted claim."

Alternative work:

If your treating physician reports that you will never recover completely or be able to return to the same job or working conditions that you had before you were injured, your employer is permitted to offer you alternative work instead of a supplemental job displacement benefit or vocational rehabilitation benefits. This is work that is different from your old job. It must meet your work restrictions, last at least 12 months, pay at least 85% of the wages and benefits that you were paid at the time of injury.

Appeals Board:

A group of seven commissioners who review and reconsider decisions of workers' compensation administrative law judges.

Claim Form (DWC-1):

A form that a worker uses to report a job injury or illness to the employer.

Claims Adjuster:

A person who handles workers' compensation claims for employers. Most claims administrators work for insurance companies or other organizations that handle claims for employers. Also called "claims examiner" or "claims adjuster."

Cumulative injury:

An injury that was caused by repeated events or repeated exposures at work.

Examples: hurting your wrist from doing the same motion over and over, losing your hearing because of constant loud noise, etc...

Date of Injury:

If the injury was caused by one event (a specific injury); this is the date of the event. If the injury was caused by repeated exposures (a cumulative injury), this is the date that the worker knew or should have known that the injury was caused by work.

Denied claim:

A workers' compensation claim in which the claims administrator believes that the worker's injury or illness is not covered by workers' compensation, and has notified the worker of this decision.

Description of Employee's Job Duties (RU-91):

A form that is filled out jointly by the injured worker and the supervisor, to enable the treating physician to determine whether the worker will be able to return to his or her usual job and working conditions.

Division of Workers' Compensation (DWC):

A state agency that administers workers' compensation laws in California and provides information and assistance to injured workers and others about the workers' compensation system.

Information & Assistance (I&A) Officer

An employee of the state Division of Workers' Compensation, who answers questions, assists injured workers, provides written materials, conducts informational workshops, and holds meetings to informally resolve problems with claims.

Medical Treatment:

A workers' compensation benefit, offered to the injured worker, that is "reasonably required to cure or relieve from the effects of the injury." Also called "medical care."

Modified Work:

If your treating physician reports that you will never recover completely or be able to return to the same job or working conditions that you had before you were injured, CSULA is permitted to offer you a modified job instead of a supplemental job displacement benefit or vocational rehabilitation benefits if available.

Offer of Modified or Alternative Work (RU-94):

A form that a claims administrator sends to the campus for completion by the supervisor and employee.

Permanent disability (PD) Benefits:

Payments to a worker whose job injury permanently limits the kinds of work the worker can do or the worker's ability to earn a living. Permanent partial disability (PPD) benefits are payments to a worker whose ability to compete in the open labor market or earn a living is reduced.

Personal Physician:

A doctor licensed in California with an M.D. degree (medical doctor) or a D.O. degree (osteopath), who has treated the injured worker, in the past and maintains his or her medical records.

Pre-designation:

Placing your employer on notice, before getting hurt on the job that you wish to be treated by your personal physician in case of job injury. This physician must be your primary care physician and must agree to be pre-designated. If you pre-designate, you will be allowed to be treated by your personal physician right after injury, instead of a physician selected by CSULA or Sedgwick CMS.

Regular Work:

Your old job, paying the same wages and benefits as paid at the time of injury.

Specific Injury:

An injury that was caused by one event at work. Examples are: hurting your back in a fall, getting burned by a chemical that splashes on your skin, getting hurt in a car accident while on University business.

Supplemental Job Displacement Benefit:

A workers' compensation benefit for injured workers, injured in 2004 or later, who have a permanent partial disability that prevents them from doing their old job and whose employers do not offer other work. It is in the form of a voucher that helps pay for educational retraining or skill enhancement, or both, at state-approved or state-accredited schools. Also called "voucher."

Temporary Disability (TD) Benefits:

Payments to an injured worker who loses wages because the injury prevents the worker from doing his or her usual job while recovering. Temporary total disability (TTD) benefits are payments to a worker who cannot work at all while recovering.

Treating Physician:

The doctor who is responsible for managing the overall care of the injured worker and who writes medical reports that may affect the worker's benefits. Also called "primary treating physician (PTP)" or "treating doctor."

Vocational Rehabilitation:

A workers' compensation benefit for injured workers, injured before 2004, who are permanently unable to do their usual job, and whose employer does not offer other work. It includes job placement counseling to help the worker find another job. It may also include retraining and a vocational rehabilitation maintenance allowance.

Work Restrictions:

A doctor's description of clear and specific limits on an injured worker's job tasks, usually designed to protect the worker from further injury.

Workers' Compensation Appeals Board (WCAB):

The Appeals Board and workers' compensation administrative law judges.

Workers' Compensation Administrative Law Judge:

An employee of the state Division of Workers' Compensation who makes decisions about disputes and approves settlements. They hold hearings at Workers' Compensation Appeals Board (WCAB) offices, and their decisions may be reviewed and reconsidered by the Appeals Board. Also called "workers' compensation judge."