

INSTRUCTIONS FOR COMPLETING FACULTY HIRING PAPERWORK



Welcome to the Computer Science Department!

Within this hiring paperwork you will find the following forms:

Biography for Academic Personnel

Personal Data Form

Emergency Contact Form

Oath and Patent

SSN Statement

Worker's Compensation

W-4 Form - please complete once you are approved by UCPATH and can access the portal.

Only to be completed if you are a USCitizen.

CA State Withholding (DE-4) - please complete once you are approved by UCPATH and can access the portal. Only to be completed if you are a US Citizen.

I-9 Form – You will receive an email from employment.authorization@universityofcalifornia.edu with I-9 instructions

Direct Deposit – please complete once you are approved by UCPATH and can access the portal.

Gender-neutral restroom map - Please click on following link for a map:

- o https://www.lgbt.ucla.edu/Portals/38/Documents/GenderInclusiveMapforwebsite_001.pdf

Example of I-9 Requirements email you will receive:

Please read instructions **carefully** and complete online

Remote Access Form I-9 – Section 1 Only | Email Sample

Email 1, Notify Employee to Complete Section 1

From: employment.authorization@universityofcalifornia.edu <I9complete@trackercorp.com>

Subject: University of California | Instructions to Complete Your Form I-9

Dear (Employee Name):

Welcome to the University of California! We're glad to have you join our community and be a part of this vibrant institution that contributes so much, every day, to people throughout California and around the world. As you begin your job, you'll need to complete the usual paperwork, including the Form I-9, Employment Eligibility Verification form.

Federal regulations require that all employees (both citizens and non-citizens) complete Section 1 no later than their first day of work. Your first day of work is expected to be (Start Date)

Please review the Form I-9 instructions and complete Section 1 of the form using the following secure link:

[Form I-9 for: Employee Name](#)

IMPORTANT NOTE: You will not be able to return to this form after it has been electronically signed and submitted to your employer (i.e., The UC location you will be working in).

After completing Section 1 of the Form I-9

The next step is to present evidence of your identity and U.S. employment authorization. You can choose which documentation to present from the [List of Acceptable Documents \(available here\)](#). Your employer will contact you to arrange to review these documents so please come prepared. Please note that all documentation must be unexpired and original.

Thank you, and we hope you enjoy working at UC!

University of California

DO NOT REPLY TO THIS EMAIL



**BIOGRAPHY
for
ACADEMIC PERSONNEL**

**THIS PAGE IS NOT
TO BE RELEASED
TO
THE PUBLIC.**

PLEASE PRINT OR TYPE

To be filled in by Department

Campus UCLA Department _____ Title(s) _____

Name _____ Mr./Mrs./Miss/Ms. (optional)
Last First Middle Circle One

Prior University Experience? Yes _____ No _____ If "Yes", list on the following page.

Permanent Home Address

Street _____ City _____ State _____ Zip _____
Telephone _____

Current Home Address

Street _____ City _____ State _____ Zip _____
Telephone _____

Current Business Address

Street _____ City _____ State _____ Zip _____
Telephone _____

Date of Birth _____ Are you a citizen of the U.S.? Yes _____ No _____

If Not a Citizen of the U.S., Date Entered U.S. _____ Type of Visa _____

Name and permanent address of person to be contacted in case of emergency:

Name _____

Street _____ City _____ State _____ Zip _____
Telephone _____

Relatives employed by the University:

Name _____ Relationship _____ Department _____

PRIVACY NOTICE

The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information about themselves:

The principal reasons for requesting the information on this form is for purposes of academic personnel administration and University public relations. University policy authorizes maintenance of this information. For academic personnel administrative purposes, furnishing all information on this form is mandatory and failure to provide it may result in denial of the action for which you are completing the form.

Information on education, honors, awards, and/or publications has been declared releasable by the courts and therefore may be released to the public, upon request.

Individuals have the right to review their own records in accordance with Academic Personnel Manual Section 160. Information on this policy can be obtained from campus or Office of the President Academic Personnel Offices.

The officials responsible for maintaining the information contained on this form are the campus Academic Vice Chancellors.

NONDISCRIMINATION STATEMENT

The University of California, in compliance with Titles VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, and the Age Discrimination in Employment Act of 1967, does not discriminate on the basis of race, color, national origin, religion, sex, handicap, or age in any of its policies, procedures, or practices; nor does the University, in compliance with Section 402 of the Vietnam Era Veterans Readjustment Act of 1974, and Section 12940 of the State of California Government Code, discriminate against any employees or applicants for employment because they are disabled veterans or veterans of the Vietnam era, or because of their medical condition (as defined in Section 12926 of the California Government Code), their ancestry, or their marital status; nor does the University discriminate on the basis of citizenship, within the limits imposed by law or University policy; nor does the University discriminate on the basis of sexual orientation. This nondiscrimination policy covers admission, access, and treatment in University programs and activities, and application for the treatment in University employment.

In conformance with University policy and pursuant to Executive Orders 11246 and 11375, Section 503 of the Rehabilitation Act of 1973, and Section 402 of the Vietnam Era Veterans Readjustment Act of 1974, the University of California is an affirmative action/equal opportunity employer.

Inquiries regarding the University's equal opportunity policies on academic employee-related matters may be directed to: SVP-AA (510) 987-9020

RETN: Academic Personnel: 5 years after separation to permanent. Non-Senate Member: 5-10 years after separation.
Other copies: 0-5 years after separation.

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PREVIOUS APPLICABLE EMPLOYMENT

Please show a full account of your time from the date of your first academic (or otherwise relevant) employment up to the present, including any periods when you may not have been employed. Show most recent position first, followed by prior employment. Indicate part-time appointments and leaves of absence. Please include all previous University of California employment. You may attach supplementary information or use supplementary information box.

INCLUSIVE DATES, MONTH AND YEAR	INSTITUTION, FIRM, OR ORGANIZATION AND LOCATION	RANK, TITLE, OR POSITION	SUPPLEMENTARY INFORMATION
FROM: TO:			
FROM: TO:			
FROM: TO:			
FROM: TO:			
FROM: TO:			
FROM: TO:			
FROM: TO:			
FROM: TO:			

Name _____

Department _____

EDUCATION

DATES OF ATTENDANCE	NAME OF SCHOOL, COLLEGE, UNIVERSITY, OR HOSPITAL (INTERN & RESIDENT)	LOCATION	MAJOR SUBJECT OR FIELD	DEGREES OR CERTIFICATES	DATE RECEIVED

Please indicate areas of sub-specialization, if any. Also include special licenses or permits.

Memberships: Please list membership in scholarly societies, accreditation boards, civic organizations, etc. You may exclude any organization the name or character of which may indicate the race, religion, or national origin of its members.

Honors, Awards: Please list honors or awards such as Fulbright grants, Woodrow Wilson scholarships, special lectureships, medals, etc., and dates received.

Name _____

Department _____

PUBLISHED WRITINGS and/or CREATIVE ACTIVITIES

Published writings and/or creative activities may be listed here or appended separately.

☐ Please check box if you are attaching information.

Signature _____

Date _____

PERSONAL DATA FORM

Employee Identification	
Employee UID #	UCPATH ID # <i>(provide if you have one)</i>
Email address	
Social Security #	
First Name	
Middle Name	
Last Name	
Date of Birth <i>(MM/DD/YYYY)</i>	

Address Information		
Permanent Address Information		
Street Address:		
City:	State:	Zip Code:
Is This a Foreign address? <i>(circle one)</i> Yes No		
Province:	Country:	Postal Code:
Home Phone:	Spouse:	

Personal Information & Citizen Status		
Sex:	US Citizen: Yes (C) <i>(circle one)</i> No (Resident of the USA)	
Visa Status:	Date entered the US: Length of Stay:	Country of Residency:

Prior Employment	
Have you worked on campus before? (circle one)	No Yes → Dates of employment: From: To:
Previous Employment Personnel Contact	Name: Phone #:

Employee Signature:	Date:

Computer Science Department
School of Engineering and Applied Science
University of California, Los Angeles

To: All Computer Science Personnel

In case of emergency, contact

Name

Address (Street, City, State, and Zip Code)

Telephone Number

Relationship

2nd contact person, if the above not available

Name

Address (Street, City, State, and Zip Code)

Telephone Number

Relationship

Signature: _____

Printed Name: _____

Date: _____

Privacy Notification

The State of California Information Practices Act of 1977 requires the University to provide the following information to individuals who are asked to supply information about themselves:

The principal purpose of requesting the information on this form is to provide emergency information.
University Policy authorizes maintenance of this information.

Furnishing the information requested on this form is voluntary. There is no penalty for not completing the form. Information furnished on this form will be transmitted to the state and federal government if required by law. Individuals have the right of access to this record as it pertains to themselves.

UNIVERSITY OF CALIFORNIA PATENT POLICY—October 1, 1997

I. PREAMBLE

It is the intent of the President of the University of California, in administering intellectual property rights for the public benefit, to encourage and assist members of the faculty, staff, and others associated with the University in the use of the patent system with respect to their discoveries and inventions in a manner that is equitable to all parties involved.

The University recognizes the need for and desirability of encouraging the broad utilization of the results of University research, not only by scholars but also in practical application for the general public benefit, and acknowledges the importance of the patent system in bringing innovative research findings to practical application.

Within the University, innovative research findings often give rise to patentable inventions as fortuitous by-products, even though the research was conducted for the primary purpose of gaining new knowledge. The following University of California Patent Policy is adopted to encourage the practical application of University research for the broad public benefit; to appraise and determine relative rights and equities of all parties concerned; to facilitate patent applications, licensing, and the equitable distribution of royalties, if any; to assist in obtaining funds for research; to provide for the use of invention-related income for the further support of research and education; and to provide a uniform procedure in patent matters when the University has a right or equity.

II. STATEMENT OF POLICY

A. An agreement to assign inventions and patents to the University, except those resulting from permissible consulting activities without use of University facilities, shall be mandatory for all employees, for persons not employed by the University but who use University research facilities, and for those who receive gift, grant, or contract funds through the University. Such an agreement may be in the form of an acknowledgment of obligation to assign. Exemptions from such agreements to assign may be authorized in those circumstances when the mission of the University is better served by such action, provided that overriding obligations to other parties are met and such exemptions are not inconsistent with other University policies.

B. Those individuals who have so agreed to assign inventions and patents shall promptly report and fully disclose the conception and/or reduction to practice of potentially patentable inventions to the Office of Technology Transfer or authorized licensing office. They shall execute such declarations, assignments, or other documents as may be necessary in the course of invention evaluation, patent prosecution, or protection of patent or analogous property rights, to assure that title in such inventions shall be held by the University or by such other parties designated by the University as may be appropriate under the circumstances. Such circumstances would include, but not be limited to, those situations when there are overriding patent obligations of the University arising from gifts, grants, contracts, or other agreements with outside organizations.

In the absence of overriding obligations to outside sponsors of research, the University may release patent rights to the inventor in those circumstances when:

1. the University elects not to file a patent application and the inventor is prepared to do so, or
2. the equity of the situation clearly indicates such release should be given, provided in either case that no further research or development to develop that invention will be conducted involving University support or facilities, and provided further that a shop right is granted to the University.

C. Subject to restrictions arising from overriding obligations of the University pursuant to gifts, grants, contracts, or other agreements with outside organizations, the University agrees, following said assignment of inventions and patent rights, to pay annually to the named inventor(s), or to the inventor(s)' heirs, successors, or assigns, 35% of the net royalties and fees per invention received by the University. An additional 15% of net royalties and fees per invention shall be allocated for research-related purposes on the inventor's campus or Laboratory. Net royalties are defined as gross royalties and fees, less the costs of patenting, protecting, and preserving patent and related property rights, maintaining patents, the licensing of patent and related property rights, and such other costs, taxes, or reimbursements as may be necessary or required by law.

Inventor shares paid to University employees pursuant to this paragraph

represent an employee benefit. When there are two or more inventors, each inventor shall share equally in the inventor's share of royalties, unless all inventors previously have agreed in writing to a different distribution of such share.

Distribution of the inventor's share of royalties shall be made annually in November from the amount received during the previous fiscal year ending June 30th, except as provided for in Section II.D. below. In the event of any litigation, actual or imminent, or any other action to protect patent rights, the University may withhold distribution and impound royalties until resolution of the matter.

D. The DOE Laboratories may establish separate royalty distribution formulas, subject to approval by the President. Distribution of the inventor's share of DOE Laboratory royalties shall be made annually in February from the amount received during the previous fiscal year ending September 30th. All other elements of this policy shall continue to apply.

E. Equity received by the University in licensing transactions, whether in the form of stock or any other instrument conveying ownership interest in a corporation, shall be distributed in accordance with the Policy on Accepting Equity When Licensing University Technology.

F. In the disposition of any net income accruing to the University from patents, first consideration shall be given to the support of research.

III. PATENT RESPONSIBILITIES AND ADMINISTRATION

A. Pursuant to Regents' Standing Order 100.4(mm), the President has responsibility for all matters relating to patents in which the University of California is in any way concerned. This policy is an exercise of that responsibility, and the President may make changes to any part of this policy from time to time, including the percentage of net royalties paid to inventors.

B. The President is advised on such matters by the Technology Transfer Advisory Committee (TTAC), which is chaired by the Senior Vice President—Business and Finance. The membership of TTAC includes the Provost and Senior Vice President—Academic Affairs, the Director of the Office of Technology Transfer, and representatives from the campuses, DOE Laboratories, Academic Senate, the Division of Agriculture and Natural Resources and the Office of the General Counsel. TTAC is responsible for:

1. Reviewing and proposing University policy on intellectual property matters including patents, copyrights, trademarks, and tangible research products;
2. Reviewing the administration of intellectual property operations to ensure consistent application of policy and effective progress toward program objectives; and
3. Advising the President on related matters as requested.

C. The Senior Vice President—Business and Finance is responsible for implementation of this Policy, including the following:

1. Evaluating inventions and discoveries for patentability, as well as scientific merit and practical application, and requesting the filing and prosecution of patent applications.
2. Evaluating the patent or analogous property rights or equities held by the University in an invention, and negotiating agreements with cooperating organizations, if any, with respect to such rights or equities.
3. Negotiating licenses and license option agreements with other parties concerning patent and or analogous property rights held by the University.
4. Directing and arranging for the collection and appropriate distribution of royalties and fees.
5. Assisting University officers in negotiating agreements with cooperating organizations concerning prospective rights to patentable inventions or discoveries made as a result of research carried out under gifts, grants, contracts, or other agreements to be funded in whole or in part by such cooperating organizations, and negotiating with Federal agencies regarding the disposition of patent rights.
6. Approving exceptions from the agreement to assign inventions and patents to the University as required by Section II.A. above.
7. Approving exemptions to University policy on intellectual property matters including patents, copyrights, trademarks, and tangible research products.

STATEMENT CONCERNING YOUR EMPLOYMENT IN A UNIVERSITY POSITION NOT COVERED BY SOCIAL SECURITY

UCRS 419 (R7/19) University of California Human Resources

Use this form to comply with the Social Security Protection Act of 2004, Section 419(c) of Public Law 108–203, which requires employers to provide a written notice to any individual being employed in a position that is not covered by Social Security on or after January 1, 2005. This form explains how not being subject to Social Security may affect future Social Security benefits to which these individuals may become entitled. **This form must be signed by the employee no later than the first day of work, as explained further below.**

WHERE TO OBTAIN THIS FORM

Hiring authorities/those responsible for processing new hires may download the form available on the UCnet website at ucnet.universityofcalifornia.edu/forms/pdf/ucrs-419.pdf.

WHO MUST SIGN THE FORM

Ensure that all new hires in the following categories complete and sign the form:

- **Safety personnel covered by the UC Retirement Plan for Safety Members (police and fire fighters)**
- **Other UC Retirement Plan Members who are exempt from paying Social Security**
 - Nonresident aliens living and working outside the U.S.
 - Nonresident aliens exempt from Social Security because of an F-1 or J-1 visa status
 - Nonresident aliens whose wages are subject to taxes or contributions under the social security system of a foreign country with which the U.S. has a totalization agreement
- **All Defined Contribution Plan Safe Harbor Employees**
 - Part-time, seasonal, and temporary employees who are not covered by Social Security
 - Non-exempt UC student employees who do not satisfy certain course load requirements
 - Resident aliens with F-1 and J-1 visa status
- **Employees who do not contribute to a retirement system who are not covered by Social Security**
 - Exempt UC student employees who do satisfy certain course load requirements
 - Nonresident aliens living and working outside the U.S.
 - Nonresident aliens exempt from Social Security because of an F-1 or J-1 visa status
 - Nonresident aliens whose wages are subject to taxes or contributions under the social security system of a foreign country with which the U.S. has a totalization agreement

FORM COMPLETION DEADLINE

Employees in the above categories must receive, sign, and return the form to the departmental representative or hiring authority before beginning work, and no later than the beginning of the first day of work.

Note: An employee must complete the form **each time** he or she is newly hired or rehired in a new appointment in one of the above categories. Thus, a part-time student employee who leaves a job during summer break but is rehired into that or another job in one of the above categories in the fall must sign another form in the fall, etc.

COMPLETING THE FORM

Ensure that all entries in item #1, “Employee & University Information,” are completed, and that the employee has signed and dated the form.

DISTRIBUTION OF SIGNED FORM

REQUIRED: Within 30 days after the form is signed, send signed form to:

UC RASC—Records Management
P.O. Box 24570
Oakland, CA 94623-1570

RECOMMENDED: Give a photocopy of the form to the employee.

OPTIONAL: Retain a photocopy of the form in the employee's personnel file.

**STATEMENT CONCERNING YOUR EMPLOYMENT IN A
UNIVERSITY POSITION NOT COVERED BY SOCIAL SECURITY**
UCRS 419 (R7/19) University of California Human Resources

Send completed form to:
UC RASC—Records Management
P.O. Box 24570
Oakland CA 94623-1570

1. EMPLOYEE AND UNIVERSITY INFORMATION

EMPLOYEE NAME (Last, First, Middle Initial)	EMPLOYEE NUMBER	SOCIAL SECURITY NUMBER
CAMPUS/LAB	DEPARTMENT	DATE OF HIRE

Your earnings from this position are not covered under Social Security. When you retire, or if you become disabled, you may receive a UC defined contribution plan (DC plan) or UC Retirement Plan (UCRP) benefit based on earnings from this position. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your DC plan or UCRP benefit may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected.

Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

1. Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a plan benefit from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a plan benefit from this job.

For example, if you are age 62 in 2019, the maximum monthly reduction in your Social Security benefit as a result of this provision is the lesser of \$463 or one-half of your pension earned from employment not covered by Social Security. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to the Social Security publication, “Windfall Elimination Provision.”

2. Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a federal, state or local government plan benefit based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your government plan benefit.

For example, if you receive a monthly government plan benefit of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 – \$400 = \$100).

Even if your government plan benefit is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to the Social Security publication, “Government Pension Offset.”

2. FOR ADDITIONAL INFORMATION

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or, for the deaf or hard of hearing, call the TTY number 1-800-325-0778, or contact your local Social Security office.

3. REQUIRED SIGNATURE

I certify that I have received Form UCRS 419 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security benefits.

SIGNATURE OF EMPLOYEE	DATE
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PRIVACY NOTIFICATIONS

STATE

The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information about themselves.

The principal purpose for requesting information on this form, including your Social Security number, is to verify your identity, and/or for benefits administration, and/or for federal and state income tax reporting. University policy and state and federal statutes authorize the maintenance of this information.

Furnishing all information requested on this form is mandatory. Failure to provide such information will delay or may even prevent completion of the action for which the form is being filled out. Information furnished on this form may be transmitted to the federal and state governments when required by law.

Individuals have the right to review their own records in accordance with University personnel policy and collective bargaining agreements. Information on applicable policies and agreements can be obtained from campus or Office of the President Staff and Academic Personnel Offices.

The official responsible for maintaining the information contained on this form is the Vice President—University of California Human Resources, 1111 Franklin Street, Oakland, CA 94607-5200.

FEDERAL

Pursuant to the Federal Privacy Act of 1974, you are hereby notified that disclosure of your Social Security number is mandatory. The University's record keeping system was established prior to January 1, 1975 under the authority of The Regents of the University of California under Article IX, Section 9 of the California Constitution. The principal uses of your Social Security number shall be for state tax and federal income tax (under Internal Revenue Code sections 6011, 6051 and 6059) reporting, and/or for benefits administration, and/or to verify your identity.



FACTS ABOUT WORKERS' COMPENSATION

The content of this pamphlet has been approved by the Administrative Director of the Division of Workers' Compensation.

The information in this pamphlet is available in Spanish. To obtain a copy, please call: UCLA Workers' Compensation 310 794-6948.
La información en este folleto está traducido al español. Para conseguir una copia, favor de llamar: UCLA Workers' Compensation 310 794-6948.

WHAT IT IS

Since 1913, California Workers' Compensation law has guaranteed prompt, automatic benefits to workers who become injured or ill because of their jobs. It is mandatory no-fault insurance, paid for entirely by your employer, that pays your medical expenses and helps replace lost wages when you are disabled from work because of a work-related injury or illness.

WHO IT COVERS

All UCLA employees and registered volunteers are covered for Workers' Compensation.

WHAT IT COVERS

Almost any job-related injury or illness is covered. Simple first-aid incidents and serious accidents are both covered. Physical and psychological injuries incurred by victims of violent workplace crime are covered. There are a few injuries that may not be covered depending on how they occur; for instance, injuries that result from voluntary, off-duty recreational, social, or athletic activities are not covered. If you wish more information on the types of injuries not covered by workers' compensation, contact the UCLA Workers' Compensation Office at 310 794-6948.

HOW TO REPORT AN INJURY

Immediately report to your supervisor any injury, no matter how slight. You can also report your injury to UCLA WC at 310 794-6948. If your injury is more than a simple first-aid case, your Human Resource office will give you a Claim Form (DWC 1), with instructions to complete the form and return it. You can also obtain a claim form on the UCLA WC web site at: <http://www.oirm.ucla.edu/DWCForm1.pdf> or you can call UCLA WC at 310 794-6948 and request that a claim form be mailed to you.

State law requires employers to authorize medical treatment within one working day of receiving the completed claim form from you. If you delay reporting your injury or delay completing the claim form, it may result in a delay in receiving benefits; and too long a delay may even jeopardize your right to obtain benefits altogether.

Work Injury Reporting Hotline 877 682-7778

Supervisors, managers, and staff can now call a toll-free number to report any injury. This service is available 24 hours a day, seven days a week. Employees should continue to promptly inform their supervisor if they have been injured, and, in an emergency, urgent medical care should be sought immediately.

NON-DISCRIMINATION

It is illegal for your employer to fire you or in any way discriminate against you because you file a claim, intend to file a claim, settle a claim, testify or intend to testify for another injured worker. If it is found that UCLA discriminated, UCLA may be ordered to reinstate you to your job, reimburse you for lost wages and employment benefits, and pay increased workers' compensation benefits, costs and expenses up to maximum amounts set by state law.

EMERGENCY PHONE NUMBERS

Doctor: Occupational Health Facility 310-825-6771

Fire:

Police:

Hospital:

Ambulance:

} **911 (cell phone 310 825-1491)**

EMPLOYER REPRESENTATIVE

Insurance & Risk Manage
Workers Compensation
10920 Wilshire Blvd. #860
Los Angeles, CA 90024-1352
Tel: 310-794-6948 (UCLA is self-insured)

CLAIMS ADMINISTERED BY:

Sedgwick Claims Management Services
P.O. Box 14533
Lexington, KY 40512-4533
Tel: 310-253-7500

DWC INFO & ASSISTANCE OFFICE

4720 Lincoln Blvd
Marina del Rey, CA 93117
Tel: 310-482-3858

IF YOU HAVE OTHER QUESTIONS

Please see the telephone numbers above. You can contact UCLA WC at 310 794-6948 or Sedgwick CMS at 310-253-7500. You can also contact an Information and Assistance officer at the State Division of Workers' Compensation (DWC) at 310-482-3858. Information and Assistance officers provide continuing information on rights, benefits, and obligations. They assist in the prompt resolution of misunderstandings and disputes without formal proceedings to the end that full and timely benefits are furnished. Their services are available to you at no cost. You can hear recorded information and a list of local offices by calling 800-736-7401.

You can also check the local listing in the phone book under State Government Offices/Industrial Relations/Workers' Compensation. You may also go to the DWC web site at www.dwc.ca.gov, and link to Workers' Compensation. There you will find informational pamphlets approved by the Division of Workers' Compensation and distributed by the Information and Assistance officers.

BENEFITS**Medical Care**

Your claims administrator will pay all reasonable and necessary medical care for your work injury or illness. Medical benefits may include treatment by your doctor, hospital services, physical therapy, lab tests, x-rays, and medicines. Your claims administrator will pay the costs directly, so you should never see a bill. For injuries occurring on or after 1/1/04, there is a limit on some medical services.

How to Obtain Medical Care**FIRST AID:**

Seek first-aid immediately.

EMERGENCY CARE:

Get help immediately. See the emergency telephone numbers in this pamphlet, which should also be posted in your workplace. Call an ambulance or go to the nearest emergency room.

ACUTE AND FOLLOW-UP CARE:

- A. If you predesignated your personal M.D. or D.O. (see form in this pamphlet):
Contact your physician as soon as possible and make arrangements for treatment.
- B. If you did not predesignate your personal M.D. or D.O.: Call UCLA WC at 310-794 6948 as soon as possible to help you make arrangements for treatment.

Temporary Disability Payments

If you are disabled for more than three (3) calendar days, temporary disability payments will partially replace your lost wages. The first three calendar days are not paid unless you are disabled for more than 14 days, or are hospitalized overnight. You should receive your first payment within two weeks of reporting your injury. Every two weeks after that, you will receive another payment.

Temporary Disability pays two-thirds of your average wage, subject to minimum and maximum amounts set by state law. The payments are tax-free and there are no deductions.

TD payments stop when your doctor says you can return to work, or your condition has become Permanent and Stationary (your medical recovery has reached maximum foreseeable improvement). Also, for injuries occurring on or after April 19, 2004, TD payments stop after 104 payable weeks within two years from the date of the first TD payment; or after 240 payable weeks within five years from the date of injury for specific long-term conditions such as amputations, severe burns, and certain chronic diseases.

Permanent Disability Payments

If a doctor says your injury or illness will always leave you somewhat limited in your ability to work, you may be eligible for permanent disability payments. The amount will depend on the type of injury, your age, occupation, date of injury, and how much of the permanent disability was caused by the work injury. There are minimum and maximum amounts set by state law. Payments are made at a regular rate and are spread out over a fixed number of weeks until the total amount has been paid. If you received temporary disability payments, the first permanent disability payment is due within 14 days after the TD payments stopped. If you did not receive TD payments (many people with permanent disability keep working), the first permanent disability payment is due within 14 days after your doctor says your condition is permanent and stationary (your medical recovery has reached maximum foreseeable improvement). Subsequent payments are made every 14 days until the total amount is paid.

Death Benefits

If the injury or illness causes death, payments may be made to relatives or household members who are financially dependent on you. The amount is set by state law and depends on the number of your financial dependents. Payments are made at the same rate as temporary disability. A burial allowance is also provided.

Supplemental Job Displacement Benefits

If you have permanent disability and you do not return to work within 60 days after your temporary disability ends, and the University does not offer modified or alternative work, you may qualify for a non-transferable voucher payable to a school for retraining and/or skill enhancement. If you qualify, the claims administrator will pay the costs up to the maximum set by state law based on your percentage of permanent disability. SJDB is a benefit for injuries occurring on or after 1/1/04.

If Benefits Are Denied

You have the right to disagree with any decision affecting your claim. Call your claims administrator first to see if you can resolve any disagreement. For free assistance, you can contact an Information and Assistance officer at the Division of Workers' Compensation (see the section of this pamphlet captioned "If You Have Other Questions"). You can also file with the Workers' Compensation Appeals Board (WCAB). There are deadlines for filing the necessary WCAB paperwork, so you should not delay. You can also consult with an attorney. Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fee will be taken out of your benefits. For names of W/C attorneys, call the State Bar of California at (415) 538-2120 or go to their web site at www.californiaspecialist.org.

YOUR TREATING PHYSICIAN

Quality medical care is crucial to making the best recovery from your work injury or illness.

Primary Treating Physician (PTP)

Your primary treating physician (PTP) is the doctor with overall responsibility for treating your work injury or illness and for coordinating care with other providers. The PTP decides what type of medical care you need; whether there are temporary or permanent medical limitations or restrictions on your ability to perform work; and when you are able to return to work.

If the injury results in some degree of permanent disability, the PTP will measure the disability and report the findings to your claims administrator. The PTP will also report whether you will need medical care in the future. As part of your Workers' Compensation benefits, the University will provide you with a PTP.

Personal Physician (M.D. or D.O.)

If you have a personal M.D. or D.O. and you wish to designate this physician to be your PTP, you must do so in writing before the injury occurs. In addition, before the injury occurs, the physician must agree to treat you for a work related injury or illness.

One-Time Right to Change PTP

You have the right to change your PTP one time. You can request this change at any time.

Change of PTP: First 30 Days

If you make your request to change PTP during the first 30 days after reporting your injury, you can change to your personal chiropractor or acupuncturist if you have predesignated this physician.

Change of PTP: After 30 Days

If you have not already used your one-time change of PTP, then thirty (30) days after reporting your injury, you may change to the PTP of your own choice. This can be your personal M.D. or D.O., your personal chiropractor, personal acupuncturist, or any physician of your choice within a reasonable geographic area.

Medical Provider Network (MPN)

Employers may offer an Medical Provider Network (MPN), which is a selected network of health care providers to provide treatment to workers injured on the job. If the employer is using an MPN, a MPN notice is required to be posted in the worksite to explain how to use an MPN. **UCLA is not using an MPN.**

WORKERS' COMPENSATION FRAUD IS A FELONY

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

PHYSICIAN PREDESIGNATION FORM

In the event you sustain an injury/illness related to your employment, you may be treated for such injury/illness by your personal medical doctor (M.D.), doctor of osteopathic medicine (D.O.), medical group, chiropractor (D.C.) or acupuncturist (L.A.C.) if:

Your personal medical physician (M.D. or D.O.) chiropractor (D.C.) or acupuncturist (L.A.C.)

- Is your regular treatment provider
- Has directed your treatment in the past
- Retains your treatment records and history
- Prior to the injury your doctor agrees to treat you for work injuries or illnesses
- Prior to the injury you give your employer the name and address of your personal physician in writing before the injury, then
- You can treat with your personal M.D. or D.O. immediately after the injury.
- You can change to your personal D.C. or L.A.C. if you exercise your right to one change of treating physician.

Your personal M.D. or D.O. must agree to treat you for work injuries or illnesses before one occurs.

NOTICE OF PREDESIGNATION OF PERSONAL PHYSICIAN

Employee: Complete this section.

To: _____ (name of employer) **If I have a work-related injury or illness,**

I choose to be treated by (Name of doctor M.D., D.O., Medical Group, D.C. or L.A.C.):

Street address, city, state, ZIP:

Telephone number: _____

Employee Name (please print): _____

Employee's Address: _____

Employee's Signature _____ **Employee ID#** _____ **Date:** _____

Physician: I agree to this Predesignation:

Signature: _____ **Date:** _____

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 predesignated will be required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3).

Title 8, California Code of Regulations, section 9783.DWC Form 9783 **Note to Employee:** Unless an employee agrees, neither the employer nor the claims administrator shall contact your personal physician to confirm a Predesignation (CCR9780.1 (f)). If your physician did not sign above, other documentation that they agreed to be predesignated prior to the injury will be required. If you agree that after receiving this form your employer or claims administrator may contact your physician to confirm the predesignation, sign below.

Employee's Signature _____ **Employee ID#** _____ **Date:** _____

Note to Physician: California Workers' Compensation medical services are subject to preauthorization of non-emergency services; utilization review; reporting requirements; and the California Official Medical Fee Schedule.