

# INSTRUCTIONS FOR COMPLETING STAFF HIRING PAPERWORK

Welcome to the Computer Science Department. Within your hiring paperwork you find the following forms:

**Special note: Employee number is your Student ID number.**

- **Biography for Academic Personnel**
- **Personal Data Form** – please complete.
- **Voluntary Self-Identification of Race, Ethnicity and Veteran Status** – please complete no signature required.
- **Emergency Contact Form** – please complete.
- **Oath and Patent**
- **SSN Statement**
- **Worker's Compensation**
- **W-4 Form** - please complete once you are approved by UCPath. – **(Only to be completed if you are a US Citizen.)**Please click on following link for instructions:
  - <https://sp.ucop.edu/sites/ucpathhelp/SelfServiceUsers/PORplayer/index.html?Guid=13895f35-555c-43aa-8ffe-f68c065e8191>
- **CA State Withholding (DE-4)** - please complete once you are approved by UCPath. **(Only to be completed if you are a USCitizen.)** Please click on following link for instructions:
  - <https://sp.ucop.edu/sites/ucpathhelp/SelfServiceUsers/PORplayer/index.html?Guid=0f7235bf-2f59-4772-a784-871ab5679166>
- **I-9 Form** – after signing and returning the offer letter/authorization form to Therese Garcia, Advisor, or Joseph Brown you will receive an email from [employment\\_authorization@universityofcalifornia.edu](mailto:employment_authorization@universityofcalifornia.edu) .
- **Direct Deposit** – optional, please click on following link for instructions:
  - <https://sp.ucop.edu/sites/ucpathhelp/SelfServiceUsers/PORplayer/index.html?Guid=da4659b1-b916-4720-9a5f-ae80de27f318>
- **Gender-neutral restroom map** - Please click on following link for map:
  - [https://www.lgbt.ucla.edu/Portals/38/Documents/GenderInclusiveMapforwebsite\\_001.pdf](https://www.lgbt.ucla.edu/Portals/38/Documents/GenderInclusiveMapforwebsite_001.pdf)

## **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](mailto: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\*\*\*\*

**\*\*\*\*I-9 completion date cannot be backdated!!!!**

Computer Science 4/9/19

# PERSONAL DATA FORM

## Employee Identification

Employee ID #	
UCPATH ID #	
Social Security #	
First Name	
Middle Name	
Last Name	
Date of Birth	

## Address Information

### Permanent Address Information

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

## Personal Information & Citizen Status

Sex:	US Citizen:    Yes    (C) (circle one)    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:**

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**VOLUNTARY SELF-IDENTIFICATION OF RACE, ETHNICITY AND VETERAN STATUS**

U5605 (R10/14) University of California Human Resources

EMPLOYEE NAME (LAST, FIRST, MIDDLE INITIAL)	CAMPUS	DEPARTMENT/ORGANIZATIONAL UNIT	BIRTHDATE		
			MO	DY	YR

**INVITATION TO SELF-IDENTIFY RACE AND ETHNICITY**

The University of California is a federal contractor and recipient of federal funds subject to affirmative action requirements set forth in Executive Order 11246, as amended. The University's status as a federal contractor obligates it to maintain and analyze certain data with respect to the race and ethnicity of its workforce. In order to comply with these regulations the University requests its employees to voluntarily self-identify their race and ethnicity. The information provided will be kept confidential and used only in ways that are in accordance with federal and state laws, executive orders, and regulations, including those which require the information to be summarized and reported to the federal government for civil rights enforcement purposes.

Please answer the question below.

**Are you Hispanic or Latino?** **YES, I am Hispanic or Latino** Mexican/Mexican American/Chicano

(E) – A person of Mexican culture or origin regardless of race.

 Latin American/Latino

(5) – A person of Latin American (e.g. Central American, South American, Cuban, Puerto Rican) culture or origin regardless of race.

 Other Spanish/Spanish American

(W) – A person of Spanish culture or origin, not included in any of the Hispanic categories listed above.

 **NO, I am not Hispanic or Latino**

In addition, select one or more of the following racial categories that best describe you, if applicable.

 **AMERICAN INDIAN OR ALASKA NATIVE**

(C) – A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment.

**ASIAN** Chinese/Chinese American

(2) – A person having origins in any of the original peoples of China.

 Filipino/Pilipino

(L) – A person having origins in any of the original peoples of the Philippine Islands.

 Japanese/Japanese American

(B) – A person having origins in any of the original peoples of Japan.

 Korean/Korean American

(K) – A person having origins in any of the original peoples of Korea.

 Pakistani/East Indian

(R) – A person having origins in any of the original peoples of the Indian subcontinent (e.g., India and Pakistan).

 Vietnamese/Vietnamese American

(I) – A person having origins in any of the original peoples of Vietnam.

 Other Asian

(X) – A person having origins in any of the original peoples of the Far East or South East Asia (including Cambodia, Malaysia and Thailand).

 **BLACK OR AFRICAN AMERICAN**

(A) – A person having origins in any of the Black racial groups of Africa.

 **NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER**

(Z) – A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Island.

**WHITE** European

(G) – A person having origins in any of the original peoples of Europe.

 Middle Eastern

(J) – A person having origins in any of the original peoples of the Middle East.

 North African

(N) – A person having origins in any of the original peoples of North Africa.

 White (not specified)

(F) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa (region not specified).

**INVITATION TO SELF-IDENTIFY VETERAN STATUS**

The University of California is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans, 4) Armed Forces service medal veterans; and (5) Vietnam Era Veterans.

**OVER ►**

**I AM NOT A PROTECTED VETERAN. (O)**

**I AM A PROTECTED VETERAN, BUT I CHOOSE NOT TO SELF-IDENTIFY THE CLASSIFICATIONS TO WHICH I BELONG. (P)**

**I belong to the following classifications of protected veterans (choose all that apply):**

**DISABLED VETERAN (S)**

A “disabled veteran” is one of the following:

1. a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or 2. a person who was discharged or released from active duty because of a service-connected disability.

**RECENTLY SEPARATED VETERAN** Please provide separation date \_\_\_\_/\_\_\_\_ (MM, YY)

A “recently separated veteran” means any veteran during the three-year period beginning on the date of such veteran’s discharge or release from active duty in the U.S. military, ground, naval or air service.

**ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN (E)**

An “active duty wartime or campaign badge veteran” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense. For a list of officially recognized campaigns, please visit the U.S. Office of Personnel Management website at <http://www.opm.gov/policy-data-oversight/veterans-services/vet-guide/#9>

**ARMED FORCES SERVICE MEDAL VETERAN (M)**

An “Armed forces service medal veteran” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985. To identify the military operations that meet this criterion, check your DD Form 214, Certificate of Release or Discharge from Active Duty.

**VIETNAM ERA VETERAN (V)**

Vietnam Era Veteran means a person who:

1. Served on active duty for a period of more than 180 days, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty occurred: a. in the republic of Vietnam between February 28, 1961, and May 7, 1975; or b. between August 5, 1964, and May 7, 1975, in all other cases; or 2. Was discharged or released from active duty because of a service-connected disability, if any part of such active duty was performed: a. in the republic of Vietnam between February 28, 1961, and May 7, 1975; or b. between August 5, 1964, and May 7, 1975, in all other cases.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor’s Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified “protected veteran” category. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box above.

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans’ Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

The University of California is an Equal Opportunity/Affirmative Action Employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability, or protected veteran status.

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**PRIVACY NOTIFICATION STATEMENT** (Revised February 22, 2010 for U5605)

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

1. The principal purpose for requesting the information on this form is to comply with the following Federal requirements: (i) Title VII of the Civil Rights Act of 1964, as amended; (ii) Executive Order 11246, as amended; (iii) Section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974, as amended; (iv) Section 503 of the Rehabilitation Act of 1973, as amended; (v) Title IV of the Higher Education Act of 1965, as amended (20usc 1094 (a) (17)); and (vi) Section 490 of the Higher Education Amendments of 1992 (P.L. 102–325), as well as relevant implementing regulations.

2. The information supplied on this form is kept confidential. It is used for required aggregated workforce data reporting to the federal government and for internal workforce statistical analysis, reporting, and outreach. It will be given to government agencies responsible for civil rights laws only when requested, or as otherwise required by law. The aggregated workforce data serves as a tool to the administration of campus equal employment opportunity/affirmative action and human resources programs. The information supplied on this form will be used only as described.

3. Furnishing the information requested on this form is voluntary. There is no penalty for not completing the form.

4. Individuals have the right to review their own records in accordance with University personnel policies and collective bargaining agreements. Information on applicable policies and agreements can be obtained from campus or Office of the President human resources and academic personnel offices.

5. The University offices responsible for maintaining the information supplied on this form are the UC Human Resources Office and UC Academic Advancement Office, and campus Equal Employment Opportunity and Affirmative Action Offices.

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

To: All Computer Science Personnel

In case of emergency, contact

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Name

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

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Telephone Number

Relationship

2<sup>nd</sup> contact person, if the above not available

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Name

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

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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 (R9/12) 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 2012, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$383.50. 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](http://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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# UCLA

## 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](http://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](http://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.

