

INSTRUCTIONS FOR COMPLETING UNDERGRADUATE 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 (undergraduate)** – complete as much as possible.
- **Voluntary Self-Identification of Race, Ethnicity and Veteran Status** – please complete no signature required.
- **Emergency Contact Form** – please complete.
- **Oath and Patent**
- **SSN Statement**
- **W-4 Form** - 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=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 .
- **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

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

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

Computer Science 4/9/19

UCLA BIOGRAPHY FROM UNDERGRADUATE STUDENTS ONLY

Name: _____ Date of Birth: _____

Last First Middle Initial

Student ID #: _____ Social Security #: _____-_____-_____

Current Mailing Address: _____

Street

City, State, Zip Code (Country)

Home Telephone #: () _____ Campus Phone #: () _____

Resident of California: Yes ___ No ___

U.S. Citizen: Yes ___ No ___ If No, country of citizenship: _____

Visa Type: _____ If Alien, Status: Permanent Resident _____ No _____

Education:

Dates attended	High School, College, University, Trade School or Special School	Location of Institution	Degree, Certificate, or Withdrawal	Date Degree/

Previous Employment:

Dates: Month & Year	Institution, Firm or Organization & Location	Title, Position, or Rank	Appropriate Salary	Reason for Leaving

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.

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

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 STATE OATH OF ALLEGIANCE. PATENT POLICY, AND PATENT ACKNOWLEDGMENT	EMPLOYEE'S NAME (Last, First, Middle Initial)		DATE PREPARED Mo/Dy/Yr
	UPAY585 (R 11/2011) E0420 71443-180	EMPLOYEE ID	DEPARTMENT	EMPLOYMENT DATE Mo/Dy/Yr

STATE OATH OF ALLEGIANCE I do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

Taken and subscribed before me on: _____ Signature of Officer or Employee: _____
 Mo/Dy/Yr
 Signature of Authorized Official: _____ (Do not sign until in the presence of proper witness.)
 Title: _____
 County: _____ State: _____

NOTE: No fee may be charged for administering this oath.

The oath must be administered by either (1) a person having general authority by law to administer oaths—for example, Notaries Public, Civil Executive Officers (Gov. Code Sec. 1001), Judicial Officers, Justices of the Peace, and county officials named in Gov. Code Sections 24000, 24057, such as, district attorneys, sheriffs, county clerks, members of boards of supervisors, etc., or (2) by any University Officer or employee who has been authorized in writing by The Regents to administer such oaths.

WHO MUST SIGN THE OATH: All persons (other than aliens) employed by the University, in common with all other California public employees, whether with or without compensation, must sign the oath. (Calif. Constitution, Article XX, Section 2, Calif. Gov. Code Sections 3100-3102.)

All persons re-employed by the University after a termination of service must sign a new Oath if the date of re-employment is more than one year after the date on which the previous Oath was signed (Calif. Gov. Code Sec. 3102.)

WHEN OATH MUST BE SIGNED: The Oath must be signed BEFORE the individual enters upon the duties of employment (Calif. Constitution, Article XX, Section 3: Calif. Gov. Code Sec. 3102.)

WHERE OATHS ARE FILED: The Oaths of all employees of the University shall be filed with the Campus Accounting Office.

FAILURE TO SIGN OATH: No compensation for service performed prior to his subscribing to the Oath or affirmation may be paid to a University employee. And no reimbursement for expenses incurred may be paid prior to his subscribing to the Oath or affirmation. (Calif. Gov. Code Sec. 3107.)

PENALTIES: "Every person who, while taking and subscribing to the Oath or affirmation required by this chapter, states as true any material which he knows to be false, is guilty of perjury, and is punishable by imprisonment in the state prison not less than one or more than 14 years." (Calif. Gov. Code Sec. 3108.)

PATENT ACKNOWLEDGMENT

This acknowledgment is made by me to The Regents of the University of California, a corporation, hereinafter called "University," in part consideration of my employment, and of wages and/or salary to be paid to me during any period of my employment, by University, and/or my utilization of University research facilities and/or my receipt of gift, grant, or contract research funds through the University.

By execution of this acknowledgment, I understand that I am not waiving any rights to a percentage of royalty payments received by University, as set forth in the University of California Patent Policy, hereinafter called "Policy."

I also understand and acknowledge that the University has the right to change the Policy from time to time, including the percentage of net royalties paid to inventors, and that the policy in effect at the time an invention is disclosed shall govern the University's disposition of royalties, if any, from that invention.

Further, I acknowledge that the percentage of net royalties paid to inventors is derived only from consideration in the form of money or equity received under: 1) a license or bailment agreement for licensed rights, or 2) an option or letter agreement leading to a license or bailment agreement. I also acknowledge that the percentage of net royalties paid to inventors is not derived from research funds or from any other consideration of any kind received by the University.

The Policy on Accepting Equity When Licensing University Technology governs the treatment of equity received in consideration for a license.

I acknowledge my obligation to assign, and do hereby assign, inventions and patents that I conceive or develop 1) within the course and scope of my University employment while employed by University, 2) during the course of my utilization of any University research facilities, or 3) through any connection with my use of gift, grant, or contract research funds received through the University. I further acknowledge my obligation to promptly report and fully disclose the conception and/or reduction to practice of potentially patentable inventions to the University authorized licensing office. Such inventions shall be examined by the University to determine rights and equities therein in

accordance with the Policy. I shall promptly furnish University with complete information with respect to each.

In the event any such invention shall be deemed by University to be patentable or protectable by an analogous property right, and University desires, pursuant to determination by University as to its rights and equities therein, to seek patent or analogous protection thereon, I shall execute any documents and do all things necessary, at University's expense, to assign to University all rights, title, and interest therein and to assist University in securing patent or analogous protection thereon. The scope of this provision is limited by Calif. Labor Code Sec. 2870, to which notice is given below. In the event I protest the University's determination regarding any rights or interest in an invention, I acknowledge my obligation: (a) to proceed with any University requested assignment or assistance; (b) to give University notice of that protest no later than the execution date of any of the above-described documents or assignment; and (c) to reimburse University for all expenses and costs it encounters in its patent application attempts, if any such protest is subsequently sustained or agreed to.

I acknowledge that I am bound to do all things necessary to enable University to perform its obligations to grantors of funds for research or contracting agencies as said obligations have been undertaken by University.

University may relinquish to me all or a part of its right to any such invention, if, in its judgment, the criteria set forth in the Policy have been met.

I acknowledge that I am bound during any periods of employment by University or for any period during which I conceive or develop any invention during the course of my utilization of any University research facilities, or any gift, grant, or contract research funds received through the University.

In signing this acknowledgment, I understand that the law, of which notification is given below, applies to me, and that I am still required to disclose all my inventions to the University.

NOTICE: This acknowledgment does not apply to an invention which qualifies under the provision of Calif. Labor Code Sec. 2870 which provides that (a) Any provision in an employment agreement which provides that an employee shall assign, or offer to assign, any of his or her rights in an invention to his or her employer shall not apply to an invention that the employee developed entirely on his or her own time without using the employer's equipment, supplies, facilities, or trade secret information except for those inventions that either: (1) Relate at the time of conception or reduction to practice of the invention to the employer's business, or actual or demonstrably anticipated research or development of the employer; or (2) Result from any work performed by the employee for the employer. (b) To the extent a provision in an employment agreement purports to require an employee to assign an invention otherwise excluded from being required to be assigned under subdivision (a), the provision is against the public policy of this state and is unenforceable. In any suit or action arising under this law, the burden of proof shall be on the individual claiming the benefits of its provisions.

RETENTION: Accounting: 5 years after separation, except in cases of disability, retirement or disciplinary action, in which case retain until age 70.

Other Copies: 0-5 years after separation

Employee/Guest Name (Please print): _____
 Employee/Guest Signature: _____ Date: _____
 Witness Signature & University Acceptance: _____ Date: _____

PLEASE SIGN STATE OATH AND PATENT ACKNOWLEDGMENT

**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. 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, 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.

