Plumas Lake Elementary School District

EMPLOYEE INFORMATION - TO BE COMPLETED BY EMPLOYEE

FIRST	MI	LAST	DATE OF HIRE **(OFFICE USE ONLY)**

SOCIAL SECURITY NO.	POSITION	DATE OF BIRTH

EMPLOYEE ADDRESS	STREET	CITY	STATE	ZIP	SEX
					❑ M ❑ F

HOME PHONE	CELL PHONE	MARITAL STATUS
		SINGLE ❑ MARRIED ❑ DIVORCED ❑ WIDOWED ❑

EMAIL ADDRESS	RETIREMENT SYSTEM
	Are you a member of the Public Employees' Retirement System (PERS)? ❑ Yes ❑ No Are you a member of the State Teachers' Retirement System (STRS)? ❑ Yes ❑ No

ETHNICITY

❑ Hispanic or Latino ❑ Not Hispanic or Latino

RACE

❑ ASIAN ❑ BLACK/AFRICAN AMERICAN ❑ FILIPINO ❑ HISPANIC INDIAN/NATIVE AMERICAN

❑ MULTI NATIONAL OTHER NON-WHITE ❑ PACIFIC ISLANDER ❑ WHITE/CAUCASIAN

Required Forms and Handouts - OFFICE USE ONLY

- ❑ Form W-4
- ❑ DE4 (CA State Tax Withholding Form)
- ❑ Payroll Delivery Authorization Form (Direct Deposit Form) – ***Please provide a voided check***
- ❑ Form I-9
- ❑ STRS Permissive Election
- ❑ State Oath of Allegiance
- ❑ Emergency Information Form
- ❑ Child Abuse Reporting/Mandated Reporter
- ❑ Workers Compensation Pre-Designation of Personal Physician Form
- ❑ Statement Concerning Your Employment in a Job not Covered by SS
  - ➢ Certificated Substitutes only

The Following Documents to be Provided by Employee

- ❑ Clear TB Test ➢ Classified Substitutes only

  TB Expiration Date: _____
- ❑ Copy of Driver's License
- ❑ Copy of Social Security Card
  - ➢ Passport can take the place of both Driver's License and Social Security Card
- ❑ Copies of **Official Transcripts or Approved Paraprofessional Exam**
  - ➢ Paraprofessional Substitutes only

EMPLOYEE CERTIFICATION

I acknowledge that I have been provided the above forms to complete as applicable:

Employee's Signature: _____ Date: _____

Form W-4 (2018)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to *www.irs.gov/FormW4*.

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. You may claim exemption from withholding for 2018 if **both** of the following apply.

• For 2017 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**

• For 2018 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at ***www.irs.gov/W4App*** to determine your tax withholding more accurately. Consider using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at *www.irs.gov/W4App* to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at *www.irs.gov/W4App* to find out if you should adjust your withholding on Form W-4 or W-4P.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. ***Head of household please note:*** Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

Line F. Credit for other dependents. When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

---------- **Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.** ----------

Form **W-4**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

OMB No. 1545-0074
2018

1 Your first name and middle initial	Last name	**2 Your social security number**
Home address (number and street or rural route)	**3** ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate. **Note:** If married filing separately, check "Married, but withhold at higher Single rate."	
City or town, state, and ZIP code	**4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card.** ▶ ☐	

5	Total number of allowances you're claiming (from the applicable worksheet on the following pages) . . .	**5**	
6	Additional amount, if any, you want withheld from each paycheck	**6**	$
7	I claim exemption from withholding for 2018, and I certify that I meet **both** of the following conditions for exemption. • Last year I had a right to a refund of **all** federal income tax withheld because I had **no** tax liability, **and** • This year I expect a refund of **all** federal income tax withheld because I expect to have **no** tax liability. If you meet both conditions, write "Exempt" here . . . . . ▶	**7**	

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature
(This form is not valid unless you sign it.) ▶ **Date ▶**

8 Employer's name and address (**Employer:** Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)	**9** First date of employment	**10** Employer identification number (EIN)

Employment Development Department
State of California

This form can be used to manually compute your withholding allowances, or you can electronically compute them at **www.taxes.ca.gov/de4.pdf**.

EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

Type or Print Your Full Name	Your Social Security Number
Home Address (Number and Street or Rural Route)	Filing Status Withholding Allowances ☐ SINGLE or MARRIED (with two or more incomes) ☐ MARRIED (one income) ☐ HEAD OF HOUSEHOLD
City, State, and ZIP Code	

1. Number of allowances for Regular Withholding Allowances, Worksheet A _____
   Number of allowances from the Estimated Deductions, Worksheet B _____
   Total Number of Allowances (A + B) when using the California Withholding Schedules for 2018 _____

OR

2. Additional amount of state income tax to be withheld each pay period (if employer agrees), Worksheet C _____

OR

3. I certify under penalty of perjury that I am not subject to California withholding. I meet the conditions set forth under the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act. (Check box here) ☐

Under the penalties of perjury, I certify that the number of withholding allowances claimed on this certificate does not exceed the number to which I am entitled or, if claiming exemption from withholding, that I am entitled to claim the exempt status.

Signature _____ Date _____

Employer's Name and Address	California Employer Payroll Tax Account Number

cut here

Give the top portion of this page to your employer and keep the remainder for your records.

YOUR CALIFORNIA PERSONAL INCOME **TAX MAY BE UNDERWITHHELD** IF YOU DO NOT FILE THIS DE 4 FORM.

IF YOU RELY ON THE FEDERAL FORM W-4 FOR YOUR CALIFORNIA WITHHOLDING ALLOWANCES, YOUR CALIFORNIA STATE PERSONAL INCOME TAX MAY BE UNDERWITHHELD AND YOU MAY OWE MONEY AT THE END OF THE YEAR.

PURPOSE: This certificate, DE 4, is for **California Personal Income Tax (PIT) withholding** purposes only. The DE 4 is used to compute the amount of taxes to be withheld from your wages, by your employer, to accurately reflect your state tax withholding obligation.

You should complete this form if either:

(1) You claim a different marital status, number of regular allowances, or different additional dollar amount to be withheld for California PIT withholding than you claim for federal income tax withholding or,

(2) You claim additional allowances for estimated deductions.

THIS FORM WILL NOT CHANGE YOUR FEDERAL WITHHOLDING ALLOWANCES.

The federal Form W-4 is applicable for California withholding purposes if you wish to claim the same marital status, number of regular allowances, and/or the same additional dollar amount to be withheld for state and federal purposes. However, federal tax brackets and withholding methods do not reflect state PIT withholding tables. **If you rely on the number of withholding allowances you claim on your Form W-4 withholding allowance certificate for your state income tax withholding, you may be significantly underwithheld.** This is particularly true if your household income is derived from more than one source.

CHECK YOUR WITHHOLDING: After your Form W-4 and/or DE 4 takes effect, compare the state income tax withheld with your estimated total annual tax. For state withholding, use the worksheets on this form.

EXEMPTION FROM WITHHOLDING: If you wish to claim exempt, complete the federal Form W-4. You may claim exempt from withholding California income tax if you did not owe any federal income tax last year and you do not expect to owe any federal income tax this year. The exemption is good for one year. If you continue to qualify for the exempt filing status, a new Form W-4 designating EXEMPT must be submitted by February 15 each year to continue your exemption. If you are not having federal income tax withheld this year but expect to have a tax liability next year, you are required to give your employer a new Form W-4 by December 1.

Plumas Lake Elementary School District

Employee Direct Deposit Enrollment Form

General Instructions: (1) Fill out and sign this form, (2) Attach a voided check for each checking account (*not a deposit slip*), and (3) Return this to your Payroll Manager. If you want to deposit into a savings account, have your bank provide you with the account number and the routing and transit number (*it usually is not the number on a deposit slip*). See example at bottom.

Important! Employees: please read and sign the following before you complete and submit your account information.

The undersigned hereby authorizes his or her employer or its designee ("Employer") to deposit any sums Employer owes to me into the bank or other financial institution ("Financial Institution") accounts identified below. The undersigned also authorizes Financial Institution to receive and accept any such deposits and credit the same to my account. If any deposit is made to my account in error by Employer, Financial Institution is authorized to return the erroneous payment to Employer and to debit my account for the same in an amount not to exceed the amount of the erroneous deposit. This authorization shall remain in effect until revoked by the undersigned in writing so as to allow Employer and Financial Institution a reasonable opportunity to act.

Printed Name: _____ Social Security #: X X X - X X - ___ ___ ___ ___

Employee Signature: _____ Date: _____ Company: Plumas Lake Elementary School District

Employee Account Information. *(Last item must equal remaining balance. For more accounts, attach additional sheets).*

1. Bank Name, City, & State: _____

Routing & Transit Number: ___ ___ ___ ___ ___ ___ ___ ___ ___ Account Number: _____

☐ Checking ☐ Savings Please deposit: $ _____. ____ or _____% or ☐ Entire Net Pay

2. Bank Name, City, & State: _____

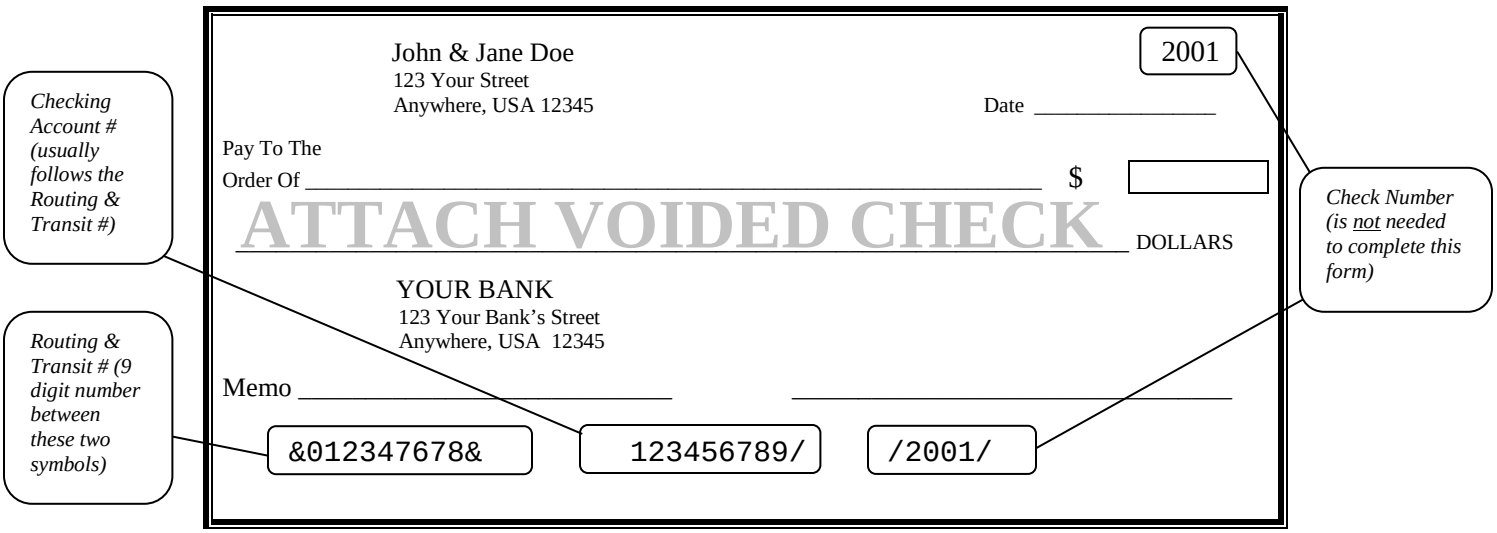
Routing & Transit Number: ___ ___ ___ ___ ___ ___ ___ ___ ___ Account Number: _____

☐ Checking ☐ Savings Please deposit: $ _____. ____ or _____% or ☐ Remaining Net Pay

3. Bank Name, City, & State: _____

Routing & Transit Number: ___ ___ ___ ___ ___ ___ ___ ___ ___ Account Number: _____

☐ Checking ☐ Savings Please deposit: $ _____. ____ or _____% or ☐ Remaining Net Pay



Attention Employers: Keep each original enrollment form on file as long as the employee is active and for 3 years afterward.

Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

▶START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)*

Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	Other Last Names Used *(if any)*

Address *(Street Number and Name)*	Apt. Number	City or Town	State	ZIP Code

Date of Birth *(mm/dd/yyyy)*	U.S. Social Security Number	Employee's E-mail Address	Employee's Telephone Number
	☐☐☐ - ☐☐ - ☐☐☐☐		

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

☐ 1. A citizen of the United States

☐ 2. A noncitizen national of the United States *(See instructions)*

☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____

☐ 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____
Some aliens may write "N/A" in the expiration date field. *(See instructions)*

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

OR

3. Foreign Passport Number: _____

Country of Issuance: _____

QR Code - Section 1
Do Not Write In This Space

Signature of Employee	Today's Date *(mm/dd/yyyy)*

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator	Today's Date *(mm/dd/yyyy)*

Last Name *(Family Name)*	First Name *(Given Name)*

Address *(Street Number and Name)*	City or Town	State	ZIP Code

STOP *Employer Completes Next Page* STOP

Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name *(Family Name)*	First Name *(Given Name)*	M.I.	Citizenship/Immigration Status

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date *(if any)(mm/dd/yyyy)*		Expiration Date *(if any)(mm/dd/yyyy)*		Expiration Date *(if any)(mm/dd/yyyy)*
Document Title				
Issuing Authority		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Document Number				
Expiration Date *(if any)(mm/dd/yyyy)*				
Document Title				
Issuing Authority				
Document Number				
Expiration Date *(if any)(mm/dd/yyyy)*				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment *(mm/dd/yyyy)*: _____ ***(See instructions for exemptions)***

Signature of Employer or Authorized Representative	Today's Date*(mm/dd/yyyy)*	Title of Employer or Authorized Representative
		Executive Assistant

Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name
Bell	Melody	Plumas Lake Elementary School District

Employer's Business or Organization Address (Street Number and Name)	City or Town	State	ZIP Code
2743 Plumas School Rd	Plumas Lake	CA	95961

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name *(if applicable)*			B. Date of Rehire *(if applicable)*
Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	Date *(mm/dd/yyyy)*

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date *(if any) (mm/dd/yyyy)*

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*	Name of Employer or Authorized Representative

LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		**1.** Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		**1.** A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		**2.** ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		**2.** Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		**3.** School ID card with a photograph		**3.** Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		**4.** Voter's registration card		**4.** Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: **a.** Foreign passport; and **b.** Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		**5.** U.S. Military card or draft record		**5.** Native American tribal document
		6. Military dependent's ID card		**6.** U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		**7.** Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		**8.** Employment authorization document issued by the Department of Homeland Security
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		**9.** Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Plumas Lake Elementary School District

Each student will reach their fullest potential as we strive for district excellence through sound leadership, effective communication, accountability, and investment in our staff.

OATH OF ALLEGIANCE

For persons Employed by a School District in the State of California (Required by Chapter 8, Division 4, Title I of Government Code).

State of California
County of Yuba
Plumas Lake Elementary School District

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.

_____ _____
Signature of Employee *Address of Employee*

Taken, subscribed and sworn to, before me this_____day of_____20_____

_____ _____
Signature of Authorized Official *Title in full including County Office or School District*

Note A: Oath must be administered by a person having general authority to administer oaths, for example: Notaries Public, Civil Executive Officers (Section 1001 of Government Code) including members of governing boards of school districts, Judicial Officers, Justices of the Peace, and the county officers and their duties named in Sections 24000, 24057, of Government Code: such as District Attorneys, Sheriffs, County Clerks, County Superintendents of Schools, members of Boards of Supervisors, etc. A member of the Governing Board of a school district should not administer the oath to anyone who is not an employee of the district.

Note B: Set forth title in full including the name of the county or district if acting as officer of either.

Plumas Lake Elementary School District

Dr. Jeff Roberts, Superintendent

STATEMENT ACKNOWLEDGING REQUIREMENT TO REPORT CHILD ABUSE MANDATED REPORTER

NOTE: *COPY TO BE RETAINED IN EMPLOYEE FILE*

EMPLOYEE'S NAME (*please print*)

EMPLOYEE POSITION

Classified Substitute

ACKNOWLEDGMENT OF RESPONSIBLITY

I, _____ (**PRINT NAME**), have knowledge of my responsibility to report known or suspected child abuse in compliance with California Penal Code section 11166 [PC § 11166.5(a)].

EMPLOYEE'S SIGNATURE	DATE

California law **REQUIRES** certain persons to report known or suspected child abuse. As a Plumas Lake Elementary School District employee who has regular contact with students as part of your job duties, YOU are one of those persons - a "mandated reporter." All employees who are mandated reporters must sign the following statement certifying their understanding of the provision of Penal Code §11166 and their agreement to comply with these provisions.

MANDATED CHILD ABUSE REPORTERS

Mandated reporters [PC § 11165.7] include employees of public school and licensed child day care facilities, teachers, paraprofessionals, administrators, child care custodians and health practitioners.

REPORTING REQUIRED

A mandated reporter, who in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a person under the age of 18 years whom he or she knows or reasonably suspects has been the victim of child abuse or neglect must report the suspected incident. The reporter must contact a designated agency immediately or as soon as possible by telephone, prepare and send a written report using California's Suspected Child Abuse Report form SS 8572 (obtained at http://www.ag.ca.gov/childabuse/pdf/ss_8572.pdf), within 36 hours of receiving the information concerning the incident [PC § 11166(a)]. No supervisor or administrator may impede or inhibit an individual's reporting duties or subject the mandated reporter to any sanction for making the report [PC § 11166(h)].

ABUSE REPORTED

Physical injury inflicted by other than accidental means on a child [PC § 11165.6].

Sexual abuse meaning sexual assault or sexual exploitation of a child [PC § 11165.1].

Neglect meaning the negligent treatment, lack of treatment or the maltreatment of a child by a person responsible for the child's welfare under circumstances indicating harm or threatened harm to the child's health or welfare [PC § 11165.2].

Willful harming or injuring or endangering a child meaning a situation in which any person inflicts, or willfully causes or permits a child to suffer, unjustifiable physical pain or mental suffering, or causes or permits a child be placed in a situation in which the child or child's health is endangered [PC § 11165.3].

Unlawful corporal punishment or injury willfully inflicted upon a child and resulting in a traumatic condition [PC § 11165.4.

REPORT ABUSE

Reporting of suspected child abuse or neglect must be made to any police department or sheriff's department (not including a school district police or security department), county probation department, if designated by the county to receive mandated reports or the county welfare department [PC § 11165.9]. The written report must include the information described in Penal Code section 11167(a) and be submitted on form SS 8572.

IMMUNITY AND CONFIDENTIALITY OF REPORTER AND OF ABUSE REPORTS

Persons legally mandated to report suspected child abuse have immunity from criminal or civil liability for reporting as required or authorized by law [PC § 11172(a)]. The identity of a mandated reporter is confidential and disclosed only among agencies receiving or investigating reports and other designated agencies [PC § 11167(d) (1)]. Reports are confidential and may be disclosed only to specified persons and agencies. Any violation of confidentiality is a misdemeanor punishable by imprisonment, fine, or both [PC § 11167.5(a)-(b)].

PENALTY FOR FAILURE TO REPORT ABUSE

A mandated reporter who fails to make a required report is guilty of a **misdemeanor** punishable by up to six months in jail, a fine of $1000 or both [PC § 11166(b)].

TECHNOLOGY ACCEPTABLE USE POLICY FOR SCHOOL EMPLOYEES

PURPOSE

This policy provides the procedures, rules, guidelines and codes of conduct for the use of the technology and information networks at Plumas Lake Elementary School District (PLESD). Use of such technology is a necessary, innate element of the PLESD educational mission, but technology is provided to staff and students as a privilege, not a right. PLESD seeks to protect, encourage and enhance the legitimate uses of technology by placing fair limitations on such use and sanctions for those who abuse the privilege. The reduction of computer abuse provides adequate resources for users with legitimate needs.

SUMMARY

Public technology that includes but is not limited to computers, wireless & LAN access, electronic mail, Internet access, Telephone/Voice Mail systems, printing devices and all other forms of instructional, networking and communication tools are provided a service by PLESD to teachers, staff, and administrators ("employees") at their respective locations. Use of these technologies is a privilege, not a right. Employees are expected to observe the following:

- All users are required to be good technology citizens by refraining from activities that annoy others, disrupt the educational experiences of their peers, or can be considered as illegal, immoral and/or unprofessional conduct.

The employee is ultimately responsible for his/her actions in accessing technology at PLESD. Failure to comply with the guidelines of technology use (as stated either in this document or in the PLESD Board Policy Manual) may result in the loss of access privileges and/or appropriate disciplinary action. Severe violations may result in civil or criminal action under the California Revised Statutes or Federal Law.

OWNERSHIP

All hardware, software, documents and data on retrievable medium residing on the PLESD network or are saved to file management systems including, but not limited to, network drives, floppy disks, hard-drives, CD-ROMs, or zip drives that are resident on PLESD equipment, are and shall remain the property of PLESD. PLESD administration reserves the right to confiscate, remove, search or otherwise investigate any of the above mentioned items at its discretion.

COMPUTER USE

Inappropriate use of any computer or the PLESD network can be a severe offense. Please note that it is a violation of PLESD policy to:

1. Duplicate copyrighted software provided by PLESD. It is a criminal offense to copy ANY software that is protected by copyright, unless such copying is expressly provided for within the copyright agreement, and PLESD will treat it as such.

2. Use PLESD' licensed software in a manner inconsistent with the licensing agreement. Information on licenses is available from the Technology Department ("Tech")

3. Copy, rename, alter, examine, install or delete the files or programs of another person or PLESD except in the case of Tech personnel or their agents who are troubleshooting or otherwise repairing a computer.

4. Use a computer or PLESD' network to annoy others including, but not limited to, sending offensive messages or intentionally causing a computer system or network to crash.

5. Use a computer for non-school-related activities including, but not limited to, personal or private business (with the limited exception of using personal email during breaks such as lunch or non-working times). Except in extraordinary situations, all work-related email should be transmitted using PLESD-issued email accounts. Any use

of personal email during working hours must meet the same standards as established throughout this document.

6. Create, disseminate, or run a self-replication program (virus, worm, or any program that inhibits operation of any computer or network whether it is destructive or not) or distributing large quantities of information that overwhelm any network including but not limited to chain letters, network games, inappropriate use of the "All Users" email address, mass copying of files, and so on.

7. Fail to consult with TD before making any technology purchases, downloads, updates or installations. It is a violation to purchase, download, install or use software, hardware, applications and/or peripherals on district equipment and networks that have not been expressly approved by the Director of Technology. All purchases and downloads (including those with an official PLESD purchase order) must be reviewed and approved by TD. Further, prior to purchase, users are responsible for forwarding the appropriate technical information to TD for their review and assessment. For all technology-related purchases, a copy of the license agreement must be forwarded to TD and the building administrator for tracking and audit purposes.

8. Download, install or run executable applications and software from the Internet, including the use of proxy servers to bypass the PLESD "Content Filter" to run. Use of any proxy server to bypass the PLESD Content Filter (as required by the Children's Internet Protection Act – CIPA) is considered a severe violation. Only TD may authorize the installation of technology purchases and, in most cases, only TD personnel are permitted to install such technology purchases.

9. Install personally purchased computers, hardware, software or peripherals (such as printers and scanners) on PLESD computers or the PLESD network with the limited exception of the wireless network described below. The Director of Technology may approve installation of personally-purchased software if requested by a building administrator AND TD determines it to be compatible with PLESD systems. If permission is attained, then a copy of the license agreement and the installation media must be housed with the administrator of that building for audit purposes.

10. Access the PLESD network and programs with personal computers unless such programs are made available by TD (such as the web-based email server or the web-based version of JMAC). Personal computers may not be tied into the PLESD network, either through wireless, VPN or LAN connections EXCEPT with the express permission of the Superintendent or the Director of Technology, and with security devices installed by TD. Further, the use of that computer will be subject to the policies and procedures outlines in this document.

11. Use portable storage devices, Internet drop boxes or off-site network storage sites to access programs, files and applications that might otherwise be blocked by the CIPA Content Filter. The use of portable storage devices (such as CD-RW, DVD-RW, flash drives and iPods) and other devices (such as a Blackberry or other PDA's) on district equipment is permissible provided that such devices are used in a professional manner and do not violate any rules, policies or guidelines delineated in this document (including copyright laws).

12. Take, scan or publish pictures of students without signed permission of the parents and permission from the building administrator. Additionally, no pictures of District property may be taken without administrator approval.

13. Post any political, commercial, pornographic or otherwise questionable material to the District web site or any PLESD hosted web site. Additionally, any postings must meet general District Policies and be approved by TD, the Superintendent or an approved delegate.

14. Access or attempt to access a desktop, network, or host computer without having obtained the appropriate access log-in ID and password legitimately. Further, it is considered a severe violation to share log-in and password information with another user; likewise, it is also a severe violation to use the log-in and password information of another user. These actions are considered "hacking" and/or "trespass" and will be dealt with appropriately.

15. Share, distribute or otherwise provide personal log-in and password information with another individual other than representatives from TD. Employees sharing passwords with others, especially students, will be subject to disciplinary action. All employees are required to contact TD immediately if they suspect that their password has been compromised.

16. Tamper with switch settings or hardware (including keyboards, monitors and mouse devices), or to move, reconfigure, and/or do anything that could damage PLESD property (including but not limited to hardware such as terminals, computers, printers, and other peripherals). Any individual responsible for causing damage in any manner to any PLESD property (including but not limited to hardware, software, computer systems, or computer labs) will be FINANCIALLY responsible for all repairs and/or replacements. This includes, but is not limited to unplugging cables, plugging cables into inappropriate locations, or other related activities that may cause the network or connection to the network to fail or to function improperly.

17. Use PLESD equipment, networks, software and systems without the proper training in the correct usage. All employees are required to receive the appropriate training in the use of PLESD systems, software and equipment from their appropriate supervisor (or the supervisor's delegate); if an employee has not received training or is still uncertain as to their comfort level, they should contact TD for additional support training.

18. All employees are required to log off their computers at least one time during the working day and at the end of the working day to assure that data is saved properly and that general system upgrades can run accordingly.

19. Use the PLESD network to store, record, download or otherwise procure and transfer music (such as streaming audio or Internet radio) or images (such as pictures and streaming video) for personal entertainment. Streaming audio and video is permissible for educational and training purposes. Employee files may be purged of excessive audio and video data at any time at the discretion of the Superintendent or the Director of Technology. It is permissible to request installation if iTunes and to play music from a portable device should as an iPod or an MP3 player provided that the files are not transferred to the PLESD network or any PLESD computer.

PLESD WIRELESS INTERNET

It is permissible to access the PLESD wireless Internet network where available using any personal computing device. However, access of the wireless Internet by a user means that the user agrees to all the rules and guidelines set forth in this document including adherence to the limitations of the CIPA Content Filter.

INTERNET USE

The Internet is an electronic network connecting millions of computers and individual users worldwide. The purpose of the Internet is to support world-wide access to a broad variety of information and data, and to allow the sharing of content created by a multitude of users. The use of an assigned PLESD account must be in the application and support of educational and instructional technology, and must be consistent with the educational objectives of PLESD and the standards that have been established by the School Board and Administration.

1. Internet access may be provided to employees for research, reporting and educational activities relating to their duties (and not for entertainment purposes). Employees may also use the Internet access for access to:

- Electronic mail
- World Wide Web
- Various discussion groups and social networks (which may be restricted by CIPA filtering)
- Bulletin Boards
- LIMITED Streaming Audio and Video content
- Web-based educational applications
- PLESD Sites (web pages, blogs, training, etc.)

2. Network Etiquette – You are expected to abide by the generally accepted rules of network etiquette. These include but are not limited to the following:

- Be polite. Do not be abusive in your messages to others.
- Use appropriate language. Do not swear, use vulgarities or any other inappropriate or suggestive language. Illegal activities are strictly forbidden.
- Do not reveal your personal address or phone number or that of other employees or students, except in your normal course of duties.

- Note that PLESD-provided e-mail accounts are not guaranteed to be private. People who operate the system have access to all mail. Messages relating to or in support of illegal activities will be reported to the appropriate authorities.
- Do not disrupt the use of the network by other users.

3. Inappropriate use of an account -- The use of the Internet is a privilege, not a right. Inappropriate use will result in cancellation of privileges. The following are examples of inappropriate use.

- Attempting to bypass the CIPA Content Filter
- Accessing streaming audio and video for entertainment purposes, whether it is from the Internet or via electronic mail.
- The use of (or an attempt to use) another person's log-in and/or password.
- Copying, transferring, or duplicating software owned by or registered to PLESD.
- Transmission of, or downloading any material in violation of any national, state, or district regulation is prohibited. This includes, but is not limited to, copyrighted documents, material that is threatening, and/or obscene/pornographic material.
- Using the network for commercial, political, personal, or private gain.
- Communication whose sole intent is not for the purpose of education or school-related research/activities.

CONSEQUENCES FOR INAPPROPRIATE USE

The Director of Technology will deem what is inappropriate use and, after consulting with the Superintendent or appropriate supervisor, may close an account. Administrators may request the Director of Technology to deny, revoke, or suspend specific employee accounts. If an employee has failed to comply with this policy, he/she may be:

A. Removed from the system for a specific period of time or permanently, depending on the nature of the offense.
B. Required to pay for damages, technician time, computer resources, or other fees.
C. Criminally charged under local, state, or federal laws.
D. Subject to employee disciplinary action, up to and including termination or discharge in accordance with existing Board policies and applicable law.

Plumas Lake Elementary School District Technology
Acceptable Use Contract for PLESD Employees

As an employee of the Plumas Lake Elementary School District, here in after referred to as "PLESD", I,_____, recognize and understand that the district's email systems are to be used for conducting the district business only. I understand that use of this equipment for private purposes is strictly prohibited. Further, I agree not to access a file or retrieve any stored communication or data other than where authorized unless there has been prior clearance by an authorized PLESD representative. I am aware PLESD reserves the right to review, audit, intercept, access, and disclose all matters on the district's e-mail systems and serves at any time, with or without employee notice or consent, and that such access may occur during or after working hours. I am aware that use of an PLESD provided password or code does not restrict the district's right to access electronic communications. I am aware that violations of this policy may subject me to disciplinary action, up to and including termination or discharge from employment. I agree that it is not permissible to store personal files (including audio and image files) on my computer or network account and such files may be deleted at any time without notice. I acknowledge that I have read and that I understand the PLESD Technology Acceptable Use Policy regarding e-mail, computer hardware usage, computer software usage, and Internet access. I acknowledge that I have read and that I understand this notice and that a copy of the entire policy has been provided to me. Refusing to sign does not negate my responsibility to abide by the policies and procedures as set forth above and in the policy as revised. Choosing not to adhere to the policies set forth above is cause for suspension of all computer and Internet privileges.

_____ _____

Signature Date

Plumas Lake Elementary School District

WORKERS' COMPENSATION - Pre-Designation of Personal Physician

EMPLOYEE NAME

If you are injured on the job **you have the right to be treated by your personal physician if you notify us, in writing, prior to the injury. To qualify as your pre-designated, personal physician, the physician must agree, in writing, to treat you for a work related injury,** must have previously directed your medical care and must retain your medical history and records (Labor Code 4600). Your pre-designated physician must be a general practitioner, family practitioner, board certified or board eligible internist, pediatrician or obstetrician-gynecologist.

This is an optional form that can be used to notify us of your personal physician. You may choose to use another form, as long as you notify us, **in writing, prior** to being injured on the job and provide **written verification** that your personal physician meets the above requirements and agrees to be pre-designated. Otherwise, you will be treated by one of our designated worker's compensation medical providers.

EMPLOYEE ACKNOWLEDGEMENT (Choose one)

- ❑ **I acknowledge receipt of this form and elect not** to pre-designate my personal physician at this time. I understand that in the event of a work related injury or illness, I will receive medical treatment from my employer's medical provider. I understand that, at any time in the future, I can change my mind and provide written pre-designation of my personal physician. I understand that the written notification must be on file prior to an industrial injury.

  Employee Signature:_____Date: _____

OR

- ❑ **If I am injured on the job, I wish to be treated by my personal physician.** This physician is my personal physician who has previously directed my medical care and retains my medical history and records.

  Name of Physician_____Phone Number _____

  Physician Address _____

  Employee Signature:_____Date: _____

The remainder of this form is to be completed by your physician and returned to the Plumas Lake Elementary School District.

PERSONAL PHYSICIAN ACKNOWLEDGEMENT

Per Labor Code 4600 to qualify you must meet the criteria outlined above. You are not required to sign this form, however, if you or your designated employee, does not sign, other **written** documentation of the physician's agreement to be pre-designated will be required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3).

- ❑ **I agree to treat the above named employee in the event of an industrial accident or injury AND I meet the criteria outlined above**. I agree to adhere to the Administrative Director's Rules and Regulations, Section 9785, regarding the duties of the employee-designated physician.

  Physician Signature:_____Date: _____

  Printed Name: _____

Sign, scan and submit as an email attachment to mbell@plusd.org or return to Plumas Lake Elementary School District, 2743 Plumas School Rd, Plumas Lake, CA 95961

STATE OF CALIFORNIA
BCIA 8016A
(orig. 04/2001; rev. 01/2011)

DEPARTMENT OF JUSTICE

REQUEST FOR LIVE SCAN SERVICE
(Public Schools or Joint Powers Agencies)

Print Form | Reset Form

Applicant Submission

ORI: AD275 (Code assigned by DOJ)

Type of Applicant: ☒ Classified School Employee ☐ Credentialed School Employee

The following selections are for Public Schools only:

☐ License, Certification, Permit ☐ Peace Officer ☐ Law Enforcement Officer ☐ Volunteer

Type of License/Certification/Permit OR Working Title: Classified Substitute
(Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Plumas Lake Elementary School District
Agency Authorized to Receive Criminal Record Information

05061
Mail Code (five-digit code assigned by DOJ)

2743 Plumas School Road
Street Address or P.O. Box

Melody Bell
Contact Name (mandatory for all school submissions)

Plumas Lake — City
CA — State
95961 — ZIP Code

5307434428
Contact Telephone Number

Applicant Information:

Last Name

First Name | Middle Initial | Suffix

Other Name (AKA or Alias) Last

First | Suffix

Date of Birth

Sex ☐ Male ☐ Female

Driver's License Number

Height | Weight | Eye Color | Hair Color

Billing Number 142327
(Agency Billing Number)

Place of Birth (State or Country) | Social Security Number

Misc. Number
(Other Identification Number)

Home Address
Street Address or P.O. Box

City | State | ZIP Code

Your Number:
(OCA Number (Agency Identifying Number))

Level of Service: ☒ DOJ ☒ FBI

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency | LSID | ATI Number | Amount Collected/Billed

ORIGINAL - Live Scan Operator SECOND COPY - Applicant THIRD COPY (if needed) - Requesting Agency

WHAT IS WORKERS' COMPENSATION?

If you get hurt on the job, your employer is required by law to pay for workers' compensation benefits. You could get hurt by:
One event at work. Examples: hurting your back in a fall, getting burned by a chemical that splashes on your skin, getting hurt in a car accident while making deliveries.

—or—

Repeated exposures at work. Examples: hurting your wrist from using vibrating tools, losing your hearing because of constant loud noise.

—or—

Workplace crime. Examples: you get hurt in a store robbery, physically attacked by an unhappy customer.

Discrimination is illegal

It is illegal under Labor Code section 132a for your employer to punish or fire you because you:

- File a workers' compensation claim
- Intend to file a workers' compensation claim
- Settle a workers' compensation claim
- Testify or intend to testify for another injured worker.

If it is found that your employer discriminated against you, he or she may be ordered to return you to your job. Your employer may also be made to pay for lost wages, increased workers' compensation benefits, and costs and expenses set by state law.

WHAT ARE THE BENEFITS?

☐ **Medical care**: Paid for by your employer to help you recover from an injury or illness caused by work. Doctor visits, hospital services, physical therapy, lab tests and x-rays are some of the medical services that may be provided. These services should be necessary to treat your injury. There are limits on some services such as physical and occupational therapy and chiropractic care.

- **Temporary disability benefits**: Payments if you lose wages because your injury prevents you from doing your usual job while recovering. The amount you may get is up to two-thirds of your wages. There are minimum and maximum payment limits set by state law. You will be paid every two weeks if you are eligible. For most injuries, payments may not exceed 104 weeks within five years from your date of injury. Temporary disability (TD) stops when you return to work, or when the doctor releases you for work, or says your injury has improved as much as it's going to.

- **Permanent disability benefits**: Payments if you don't recover completely. You will be paid every two weeks if you are eligible. There are minimum and maximum weekly payment rates established by state law. The amount of payment is based on:

o Your doctor's medical reports
o Your age
o Your occupation

☐ **Supplemental job displacement benefits**: This is a voucher for up to $6,000 that you can use for retraining or skill enhancement at an approved school, books, tools, licenses or certification fees, or other resources to help you find a new job. You are eligible for this voucher if:

o You have a permanent disability.
o Your employer does not offer regular, modified, or alternative work, within 60 days after the claims administrator receives a doctor's report saying you have made a maximum medical recovery.

- **Death benefits**: Payments to your spouse, children or other dependents if you die from a job injury or illness. The amount of payment is based on the number of dependents. The benefit is paid every two weeks at a rate of at least $224 per week. In addition, workers' compensation provides a burial allowance.

OTHER BENEFITS

You may file a claim with the Employment Development Department (EDD) to get state disability benefits when workers' compensation benefits are delayed, denied, or have ended. There are time restrictions so for more information contact the local office of EDD or go to their web site www.edd.ca.gov.
If your injury results in a permanent disability (PD) and the state determines that your PD benefit is disproportionately low compared to your earning loss, you may qualify for additional money from the Department of Industrial Relation's special earnings loss supplement program also known as the return to work program. If you have questions or think you qualify, contact the Information & Assistance Unit by going to www.dwc.ca.gov and looking under "Workers' Compensation programs and units" for the "Information

& Assistance Unit" link or visit the DIR web site at www.dir.ca.gov.

Workers' compensation fraud is a crime

Any person who makes or causes to be made any knowingly false statement in order to obtain or deny workers' compensation benefits or payments is guilty of a felony. If convicted, the person will have to pay fines up to $150,000 and/or serve up to five years in jail.

WHAT SHOULD I DO IF I HAVE AN INJURY?

Report your injury to your employer

Tell your supervisor right away no matter how slight the injury may be. Don't delay – there are time limits. You could lose your right to benefits if your employer does not learn of your injury within 30 days. If your injury or illness is one that develops over time, report it as soon as you learn it was caused by your job.

If you cannot report to the employer or don't hear from the claims administrator after you have reported your injury, contact the claims administrator yourself. **Workers' compensation insurance company or if employer is self-insured, person responsible for handling the claim is:** ***Keenan & Associates - Rancho Cordova***

PO Box 2707, Torrance, CA, 90509

(916) 859-7160

You may be able to find the name of your employer's workers' compensation insurer at www.caworkcompcoverage.com. If no coverage exists or coverage has expired, contact the Division of Labor Standards Enforcement at www.dir.ca.gov/DLSE as all employees must be covered by law.

Get emergency treatment if needed

If it's a medical emergency, go to an emergency room right away. Tell the medical provider who treats you that your injury is job related. Your employer may tell you where to go for follow up treatment.

Emergency telephone number: Call 911 for an ambulance, fire department or police. For non-emergency medical care, contact your employer, the workers' compensation claims administrator or go to this facility:

Fill out DWC 1 claim form and give it to your employer

Your employer must give you a DWC 1 claim form within one working day after learning about your injury or illness. Complete the employee portion, sign and give it back to your employer. Your employer will then file your claim with the claims administrator. Your employer must authorize treatment within one working day of receiving the DWC 1 claim form.

If the injury is from repeated exposures, you have one year from when you realized your injury was job related to file a claim.

In either case, you may receive up to $10,000 in employer-paid medical care until your claim is either accepted or denied. The claims administrator has up to 90 days to decide whether to accept or deny your claim. Otherwise your case is presumed payable.

Your employer or the claims administrator will send you "benefit notices" that will advise you of the status of your claim.

MORE ABOUT MEDICAL CARE

What is a Primary Treating Physician (PTP)?

This is the doctor with overall responsibility for treating your injury or illness. He or she may be:

- ☐ The doctor you name in writing *before* you get hurt on the job
- ☐ A doctor from the medical provider network (MPN)
- ☐ The doctor chosen by your employer during the first 30 days of injury if your employer does not have an MPN or
- ☐ The doctor you chose after the first 30 days if your employer does not have an MPN.

What is a Medical Provider Network (MPN)?

An MPN is a select group of health care providers who treat injured workers. Check with your employer to see if they are using an MPN. If you have not named a doctor before you get hurt and your employer is using an MPN, you will see an MPN doctor. After your first visit, you are free to choose another doctor from the MPN list.

What is Predesignation?

Predesignation is when you name your regular doctor to treat you if you get hurt on the job. The doctor must be a medical doctor M.D.), doctor of osteopathic medicine (D.O.) or a medical group with an M.D. or D.O. You must name your doctor in writing *before* you get hurt or become ill.

You may predesignate a doctor if you have health care coverage for non-work injuries and illnesses. The doctor must have:

- ☐ Treated you
- ☐ Maintained your medical history and records before your injury and
- ☐ Agreed to treat you for a work-related injury or illness before you get hurt or become ill.

You may use the "predesignation of personal physician" form included with this pamphlet. After you fill in the form, be sure to give it to your employer.

If your employer does not have an approved MPN, you may name your chiropractor or acupuncturist to treat you for work related injuries. The notice of personal chiropractor or acupuncturist must be in writing *before* you get hurt. You may use the form included in this pamphlet. After you fill in the form, be sure to give it to your employer.

With some exceptions, state law does not allow a chiropractor to continue as your treating physician after 24 visits. Once you have received 24 chiropractic visits, if you still require medical treatment, you will have to select a new physician who is not a chiropractor. The term "chiropractic visit" means any chiropractic office visit, regardless of whether the services performed involve chiropractic manipulation or are limited to evaluation and management.

Exceptions to the prohibition on a chiropractor continuing as your treating physician after 24 visits include postsurgical physical medicine visits prescribed by the surgeon, or physician designated by the surgeon, under the postsurgical component of the Division of Workers' Compensation's Medical Treatment Utilization Schedule, or if your employer has authorized additional visits in writing.

WHAT IF THERE IS A PROBLEM?

If you have a concern, speak up. Talk to your employer or the claims administrator handling your claim and try to solve the problem. If this doesn't work, get help by trying the following:

Contact the Division of Workers' Compensation (DWC) Information and Assistance (I&A) Unit All 24 DWC offices throughout the state provide information and assistance on rights, benefits and obligations under California's workers' compensation laws. I&A officers help resolve disputes without formal proceedings. Their goal is to get you full and timely benefits. Their services are free.

To contact the nearest I&A Unit, go to www.dwc.ca.gov and under "Workers' Compensation programs and units", click on "Information & Assistance Unit." At this site you will find fact sheets, guides and information to help you.

Consult with an attorney

Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fees may be taken out of some of your benefits. For names of workers' compensation attorneys, call the State Bar of California at (415) 538-2120 or go to their website at www.californiaspecialist.org. You may get a list of attorneys from your local I&A Unit or look in the yellow pages.

Warning

Your employer may not pay workers' compensation benefits if you get hurt in a voluntary off- duty recreational, social or athletic activity that is not part of your work-related duties.

Additional rights

The information contained in this pamphlet conforms to the informational requirements found in Labor Code sections 3551 and 3553 and California Code of Regulation, Title 8, sections 9880 and 9883. This document is approved by the Division of Workers' Compensation administrative director.

You may also have other rights under the Americans with Disabilities Act (ADA) or the Fair Employment and Housing Act (FEHA). For additional information, contact FEHA at (800) 884- 1684 or the Equal Employment Opportunity Commission (EEOC) at (800) 669-4000.