

CHABOT – LAS POSITAS COMMUNITY COLLEGE DISTRICT

Student Assistant Employment

Guidelines for Rehires

1. Rehire Process

For Student Assistants Being Paid via Division Budget [non FWS] – For Fall and Spring Semesters

Hiring Administrator must verify and check off that Student Assistant is enrolled in at least one (1) class.

Summer employment: Hiring Administrator is to verify that student has successfully completed the Spring semester ending just before the summer they are to be employed.

For Federal Work Study (FWS) Student Assistants

Federal Work Study (FWS) jobs are part of a student's financial aid award, and are paid from federal financial aid funds. FWS students must maintain enrollment in at least six (6) units during any period of employment in fall or spring semesters. Hiring Administrator must verify and check off that FWS students are enrolled for the appropriate number of units before they are hired.

For Summer Employment: Hiring administrator is to verify with their respective college Financial Aid Office on available funding and enrollment requirements.

Hiring Administrators have the option of utilizing the Electronic Personnel Action Form (EPAF) or the on-line hiring packet. If the Hiring Administrator chooses to utilize the on-line hiring packet, the noted-below forms are to be submitted.

For FWS paperwork: Hiring Administrator is to process through the respective college Financial Aid Office. All fully signed paperwork and the following are to be submitted to the Office of Human Resources.

- Student Employment Requisition & Verification of Student Enrollment in Classes
- TB Certificate Information Form & TB/X-ray Medical Verification Results (not older than 4 years)

If the Hiring Packet is incomplete, Human Resources will return it back to the hiring administrator, which will delay Student Assistant's start date. Once deemed complete, Human Resources will notify hiring administrator when Student Assistant's start date is.

2. Work Hours

The work hours for Student Assistants are not to exceed eight (8) hours per day and no more than twenty (20) hours per week for entire district. **NOTE: Students may be employed by several on-campus departments/offices concurrently; however, they may not exceed the maximum number of hours (20) allowed per week. Supervisors must coordinate student's schedule with other department/office listed on the Employment Requisition to avoid exceeding the maximum number of hours.**

3. Employment

Enrolled students may be employed as provided in the Education Code and upon authorization of the Chancellor as needed. Employment of either full-time or part-time students in any college work-study program or in a work experience education program shall not result in the displacement of classified personnel or impair existing contracts for services. Student positions are exempt from the classified service.¹

4. It is the supervisor's responsibility to inform the students that they are entitled to a fifteen (15) minute paid break for every four (4) consecutive hours of work, at approximately the midway point. They must take uninterrupted unpaid lunch for at least thirty (30) minutes when working six (6) or more consecutive hours in one (1) day.
5. Student Assistant positions are of a temporary nature. The maximum effective employment period of a Student Assistant is from July 1 to June 30. Student Assistant services are automatically terminated June 30 of each fiscal year. Student Assistants may be rehired effective on or after July 1 of the new fiscal year.
6. International students may be hired only if they have an F-1 visa. International students must have approval from the Director of Admissions and Records (Chabot) or the Dean of Enrollment Services (Las Positas).
7. As provided in the Education Code, all employees, prior to receiving official start work date, are required to present a certificate from their examining physician giving evidence of freedom from active tuberculosis. These provisions shall not apply to any employee who files an affidavit based on adherence to the faith or teachings of any well-organized religious sect, denomination or organization as provided in the Education Code.

¹ Personnel – General / 7270 Student Assistants: http://www.clpccd.org/board/documents/7270BPSStudentWorkers_rev20150818Adptd.pdf
HR/P:FORMS/Student Assistants/Rules and Regulations - REHIRE 10 13 17

CHABOT – LAS POSITAS COMMUNITY COLLEGE DISTRICT

[For more information regarding student employment contact the following:](#)

Chabot College (510) 723-7108
 Las Positas College (925) 424-1632
 Human Resources (925) 485-5236

Student Pay Schedule

Effective January 1, 2017, the State minimum wage increased to \$10.50 per hour.

Category	Rate of Pay
A	\$ 10.50
B	\$ 11.00
C	\$ 11.50
D*	\$12.00
*Placement in this category must be approved by appropriate College Vice President or College President	

Student Pay Categories

*****NOTE:** Hiring Administrator determines pay category based on the following:

Student Salary Schedule Proposal for 1-1-17	
<p>Category A - Student Assistant No experience required. Under direct supervision, performs entry-level manual and clerical tasks that require one-step demonstration and limited use of independent judgment and creativity. Tasks are simple, routine and recurring.</p>	\$10.50
<p>Category B - Student Assistant Requires specialized training, broader range of expertise and greater responsibility. Experience and/or education in an area related to the work assignment are required. Under general supervision, performs tasks that require a moderate degree of experience and independent judgment.</p>	\$11.00
<p>Category C - Student Assistant Requires minimum of one year's work experience which will demonstrate the skills, ability and proficiency to work on complex assignments within the scope of student assignments, under general and limited supervision.</p>	\$11.50
<p>Category D - Student Assistant Requires a high degree of knowledge of work assignment or closely related area. Must possess skills and demonstrate a high level of proficiency necessary to perform highly complex tasks. Must be able to assume considerable responsibility and/or work under little supervision. Performs tasks that require a high degree of independence, responsibility and creativity within the scope of student assignments.</p>	\$12.00
<p style="background-color: yellow;"><i>Placement in this category must be approved by the appropriate College Vice President or College President.</i></p>	

CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT

Student Assistant Employment Requisition

For the 20____ to 20____ School Year

1. STUDENT APPLICANT INFORMATION (Type or print in ink, attach copy of Social Security card and student enrollment verification.)

Last Name: _____ First Name: _____ Middle Initial: _____

(Please write name exactly as found on Social Security Card or other official document.)

SSN or W#: _____ Birth Date: _____ Contact Number: _____

Address: _____ City: _____ Zip: _____
[Residential or Mailing]

I am a Chabot Las Positas College student (currently enrolled/preregistered in _____ units for _____ semester, 20____).

ARE YOU CURRENTLY WORKING FOR ANOTHER DEPARTMENT/OFFICE? YES NO

Dept: _____ **Supervisor:** _____ **Assigned # of Hours:** _____

I have read the attached "Guidelines for Student Employment." I understand that my employment on campus is temporary and can be immediately terminated.

Student Signature: _____ **Date:** _____

2. TO BE COMPLETED BY HIRING DIVISION

Employment is limited to eight (8) hours per day, twenty (20) hours per week during entire calendar year (in all combined areas of the college).

To be employed by: _____ Building: _____ Room: _____
Division/Area

Student's Direct Supervisor: _____ Extension: _____
Name and Position

Position Hired: Federal Work Study Student Student Assistant Student Intern/Ambassador Hours Per Week: _____

RANGE/STEP: CATEGORY: A \$10.50 B \$11.00 C \$11.50 D \$12.00 [D requires Vice President or President's signature below.] (Please see information on next page for appropriate category and pay range.)

Funding Source(s): FWS CalWorks Division Other: _____

Budget Account Number:

(for FWS and HR use ONLY)

<u>FUND</u>	<u>ORGN</u>	<u>ACCT</u>	<u>PROG</u>	<u>%</u>	<u>Position Code</u>	<u>Suffix</u>
_____	_____	_____	_____	____%	_____	_____
_____	_____	_____	_____	____%	_____	_____
_____	_____	_____	_____	____%	_____	_____
_____	_____	_____	_____	____%	_____	_____

New hire: effective date: _____ **Rehire:** effective date: _____

Hiring Supervisor/Administrator has verified that student is enrolled in the appropriate number of units before hiring them as a Student Assistant or in FWS.

Please Print Hiring Administrator's Name: _____

Hiring Administrator's Signature: _____ **Date:** _____

Vice President's Signature: _____ **Date:** _____

(Only to be signed by Vice President, if the D Rate is applied.)

3. TO BE COMPLETED BY FINANCIAL AID OFFICE (*For Federal Work Study Students Only*)

Hired under Federal Work Study Awarded \$ _____

Total hours _____ No. of units _____ Satisfactory Academic Progress Yes No

Approved by: _____ Financial Aid Officer **Date:** _____

4. TO BE COMPLETED BY THE CalWORKS COORDINATOR (*For CalWORKS Students Only*)

Awarded \$ _____ Total hours _____ No. of units _____ Good Standing Yes No

Approved by: _____ CalWORKS Coordinator **Date:** _____

5. TO BE COMPLETED BY ADMINISTRATOR, ADMISSION & RECORDS (*For International Students*)

No. of units _____ Verification of approval to work: _____

Approved by: _____ Administrator of Admission & Records **Date:** _____

6. HUMAN RESOURCES:

HR Manager Approval: _____ **Date:** _____

Input: _____ **Date:** _____

CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT

Student Employee Confidentiality Agreement

Employees, including student workers, who may have access to student or employee educational and personal records and information, must adhere to federal Family Educational Rights and Privacy Act of 1974 regulations (FERPA), which govern the confidentiality, use and release of these records. Student employees may not seek, discuss, use or misappropriate any information other than that which is necessary to fulfill their assigned duties.

Student employees must not divulge or otherwise release confidential records or information in written or verbal form to anyone except the person of record (as positively identified) without written consent of the person involved. Unauthorized release of confidential information is a violation of laws regarding individual and family right to privacy.

My signature denotes that I agree to consider all information that I become aware of in the course of my employment as strictly confidential.

If I am in doubt about a request for information, I understand that it is my responsibility to discuss the request with my supervisor prior to a decision to release the information.

FERPA Motto: "Keep any information obtained in the workplace at the workplace."

I fully understand that if I divulge or misuse confidential information; I will be subject to disciplinary action by Chabot/Las Positas Community College District and will be liable to civil and criminal prosecution pursuant to the Family Rights and Privacy Act, and I also understand that such actions on my part will result in termination of employment.

The Confidentiality Agreement must be read and signed by the student and supervisor.

Print Student Employee's name

____/____/____
Date

Student Employee's Signature

____/____/____
Date

Supervisor's Signature

____/____/____
Date



CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT
Office of Human Resources
Tuberculosis (TB) Certificate



LOCATION

Chabot College Las Positas College *District:* Hayward Livermore Dublin

POSITION CLASSIFICATION

FACULTY:	CLASSIFIED:	MANAGEMENT:	OTHER:
<input type="checkbox"/> Full-time (Regular)	<input type="checkbox"/> Full-time/Part-time (Regular)	<input type="checkbox"/> Administrator	<input type="checkbox"/> Professional Expert
<input type="checkbox"/> Part-Time	<input type="checkbox"/> Confidential/Supervisory		<input type="checkbox"/> Student Assistant
	<input type="checkbox"/> Substitute		
	<input type="checkbox"/> Short-term On-Call		

SECTION 1: PERSONAL INFORMATION (please print)

Name: _____
(Last) (First) (Middle)

SSN/W#: _____

Position Title: _____

Division/Office: _____

Employee Signature: _____

SECTION 2: TB CERTIFICATE

Have you submitted a clear/negative TB risk assessment, examination or X-ray (no later than 4 years old) to the Office of Human Resources for work prior to this job?

Yes (If you answered yes, please turn in this form to the Office of Human Resources)

No (If you answered no, please proceed to SECTION 3)

Return this page with TB result.

The following is for HR Use Only:			
Date of Completion:	Next TB Due:	Data Input:	Initials:



CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT
Office of Human Resources
Tuberculosis (TB) Information



SECTION 3: INSTRUCTIONS

- 1) Schedule an appointment with your personal physician or health care center. (List of available locations are listed on the last page for your convenience.)
- 2) Take this form with you when you go in for your TB assessment.
- 3) If a TB examination is required, it will require two visits: The first visit will be for taking your TB test and the second visit will be for a follow-up to have the test viewed for results. (You will have to wait 48 to 72 hours before returning for the second visit to review the results. Remember to schedule your initial visit only if you know you will be able to meet the second visit time requirement, otherwise you may be charged to re-test)
- 4) Once you have completed your assessment and/or examination successfully, your physician will give you a copy of the TB / X-ray certificate. Please check to see if the following information is listed on your certificate:
 - Hospital / Health Clinic Name and Signature of Health Care Provider
 - Date of TB assessment and/or examination or X-ray and final date of results
 - Results of the assessment and/or examination is marked as either negative or positive(NOTE: if positive, a chest X-ray will be required for continuation of employment with the District. An X-ray may be scheduled at most hospitals and clinics)
- 5) Submit this TB form along with **a copy of your TB / X-ray certificate** to the Office of Human Resources, 7600 Dublin Boulevard, 3rd Floor, Dublin CA 94568 after you have received a clear TB result from the physician.
- 6) Expense for the initial examination, including X-rays, if needed, is the responsibility of the employee with the exception of student assistants. Only TB examinations are covered for student assistants, not X-rays examinations. Expenses for renewal tests are paid by the District. Please see board policy: http://www.clpccd.org/board/documents/7330BPCCommunicableDisease_Adopted20150721.pdf
- 7) Once your TB assessment and/or examination has expired, after 4 years, a renewal letter will be sent out to notify you that an updated TB assessment and/or examination is required for your personnel file. The letter will state a 3-month due date by which you must submit your test to the Office of Human Resources, 7600 Dublin Boulevard, 3rd Floor, Dublin CA 94568. (A current TB certificate must be on file with the Office of Human Resources at all times in order to continue active employment with Chabot-Las Positas Community College District).

If you have any questions, please contact Denise Marriott Barajas, Office of Human Resources, at dmarriott@clpccd.org or by calling (925) 485-5236.

CALIFORNIA EDUCATION CODE:

Education Code Section 87408.6 provides that each person employed by a school district shall undergo an examination at least once every four years to determine that he/she is free of active tuberculosis. This examination shall consist of an approved intradermal tuberculin test which, if positive, shall be followed by an x-ray of the lungs. After such examination, each employee shall file with the school district of employment a certificate showing the employee was examined and found free from active tuberculosis. The certificate signed by the examining physician and surgeon or a notice from a public health agency or unit of the Tuberculosis Association which indicates freedom from active tuberculosis will constitute evidence of compliance with this section.

TB TESTING LOCATIONS

HEALTH CENTERS:

Please be aware that the following are recommended centers; however, we are unable to guarantee available appointments. Expense for the initial examination, including X-Rays, if needed, is the responsibility of the employee with the exception of student assistants. Only TB examinations are covered for student assistants, not X-rays examinations. Expenses for renewal tests are paid by the District (re: CLPCCD Board Policy 7330).

CHABOT COLLEGE HEALTH CENTER

LOCATED AT:

25555 Hesperian Boulevard
Building 2300, Room 2315
Hayward, CA 94545
(510) 723-7625

www.chabotcollege.edu/healthcenter

Charge for TB testing is \$30.00 for new hires
Chest X-Rays are referred out as needed

IMMUNIZATION:

Please call for an appointment or business hours, as the schedule below changes according to seasons or holidays as needed:

Monday, Tuesday, Wednesday & Thursday: 9:00 a.m. – 7:00 p.m.

CLOSED FRIDAYS

Closed for lunch daily: 1:00 p.m. – 2:00 p.m.

No TB testing on Wednesday and Thursday

LAS POSITAS COLLEGE HEALTH CENTER

LOCATED AT:

3000 Campus Hill Drive
Building 1700, Room 1701
Livermore, CA 94551
(925) 424-1830

www.laspositascollege.edu/healthcenter

Charge for TB testing is \$30.00 for new hires
Chest X-Rays are referred out as needed

IMMUNIZATION:

Please call for an appointment or business hours, as the schedule below changes according to seasons or holidays as needed:

Monday, Tuesday, & Thursday: 9:30 a.m. – 5:00 p.m.

Wednesday: 10:00 a.m. – 6:00p.m.

CLOSED FRIDAYS

This site remains OPEN during lunchtime.

No TB testing on Wednesday and Thursday

Please Note:

We no longer have an account set up with Pleasanton Urgent Care, nor are we continuing to refer our employees to them for TB tests and X-rays. If you still choose to use this clinic on your own, Pleasanton Urgent Care has undergone new management and is now called Redwood Medical Center and Urgent Care.

For questions contact Denise Marriott Barajas, Office of Human Resources, at dmarriott@clpccd.org or by calling (925) 485-5236.

NOTE: SUBJECT TO CHANGE



School Staff & Volunteers: Tuberculosis Risk Assessment

Job-related requirement for child care, pre-K, K-12, and community colleges



The purpose of this tool is to identify **adults** with infectious tuberculosis (TB) to prevent them from spreading TB. Use of this risk assessment is required in the California Education Code, Sections 49406 and 87408.6 and the California Health and Safety Code, Sections 1597.055 and 121525, 121545, and 121555.

The law requires that a health care provider administer this risk assessment. A health care provider, as defined for this purpose, is any organization, facility, institution or person licensed, certified or otherwise authorized or permitted by state law to deliver or furnish health services. Any person administering this risk assessment is to have training in the purpose and significance of the risk assessment and Certificate of Completion.

Name of Employee/Volunteer Assessed for TB Risk Factors: _____

Assessment Date: _____ Date of Birth: _____

History of Tuberculosis Infection or Disease (Check appropriate box below)	
<input type="checkbox"/> Yes	If there is a <u>documented</u> history of positive TB test (infection) or TB disease, then a symptom review and chest x-ray (if none performed in previous 6 months) should be performed at initial hire by a physician, physician assistant, or nurse practitioner. Once a person has a documented positive test for TB infection that has been followed by an x-ray that was determined to be free of infectious TB, the TB risk assessment (and repeat x-rays) is no longer required. If an employee or volunteer becomes symptomatic for TB, then he/she should seek care from his/her health care provider.
<input type="checkbox"/> No (Assess for Risk Factors for Tuberculosis using box below)	

Risk Factors for Tuberculosis (Check appropriate boxes below)	
If any of the 5 boxes below are checked, perform a Mantoux tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA). Re-testing with TST or IGRA should only be done in persons who previously tested negative, and have <u>new risk factors</u> since the last assessment. A positive TST or IGRA should be followed by a chest x-ray, and if normal, treatment for TB infection considered. (Centers for Disease Control and Prevention [CDC]). <i>Latent Tuberculosis Infection: A Guide for Primary Health Care Providers</i> . 2013)	
<input type="checkbox"/> One or more signs and symptoms of TB: prolonged cough, coughing up blood, fever, night sweats, weight loss, excessive fatigue.	Evaluate for active TB disease with a TST or IGRA, chest x-ray, symptom screen, and if indicated, sputum acid-fast bacilli (AFB) smears, cultures and nucleic acid amplification testing. A negative TST or IGRA does not rule out active TB disease.
<input type="checkbox"/> Close contact to someone with infectious TB disease at any time	
<input type="checkbox"/> Foreign-born person from a country with an elevated TB rate	Includes any country <u>other than</u> the United States, Canada, Australia, New Zealand, or a country in western or northern Europe. IGRA is preferred over TST for foreign-born persons
<input type="checkbox"/> Consecutive travel or residence of ≥ 1 month in a country with an elevated TB rate	Includes any country <u>other than</u> the United States, Canada, Australia, New Zealand, or a country in western or northern Europe.
<input type="checkbox"/> Volunteered, worked or lived in a correctional or homeless facility	





School Staff & Volunteers: Tuberculosis Risk Assessment User Guide



Job-related requirement for child care, pre-K, K-12, and community colleges

Background

California law requires that school staff working with children and community college students be free of infectious tuberculosis (TB). These updated laws reflect current federal Centers for Disease Control and Prevention (CDC) recommendations for targeted TB testing. Enacted laws, **AB 1667**, effective on January 1, 2015, **SB 792** on September 1, 2016, and **SB 1038** on January 1, 2017, require a tuberculosis (TB) risk assessment be administered and if risk factors are identified, a TB test and examination be performed by a health care provider to determine that the person is free of infectious tuberculosis. The use of the TB risk assessment and the Certificate of Completion, developed by the California Department of Public Health (CDPH) and California TB Controllers Association (CTCA) are also required.

AB 1667 impacted the following groups on 1/1/2015:

1. Persons employed by a K-12 school district, or employed under contract, in a certificated or classified position (California Education Code, Section 49406)
2. Persons employed, or employed under contract, by a private or parochial elementary or secondary school, or any nursery school (California Health and Safety Code, Sections 121525 and 121555).
3. Persons providing for the transportation of pupils under authorized contract in public, charter, private or parochial elementary or secondary schools (California Education Code, Section 49406 and California Health and Safety Code, Section 121525).
4. Persons volunteering with frequent or prolonged contact with pupils (California Education Code, Section 49406 and California Health and Safety Code, Section 121545).

SB 792 impacted the following group on 9/1/2016:

Persons employed as a teacher in a child care center (California Health and Safety Code Section 1597.055).

SB 1038 impacts the following group on 1/1/2017:

Persons employed by a community college district in an academic or classified position (California Education Code, Section 87408.6).

Testing for latent TB infection (LTBI)

Because an interferon gamma release assay (IGRA) blood test has increased specificity for TB infection in persons vaccinated with BCG, IGRA is preferred over the tuberculin skin test (TST) in these persons. Most persons born outside the United States have been vaccinated with BCG.

Repeat risk assessment and testing

If there is a documented history of positive TB test or TB disease, then a symptom review and chest x-ray should be performed at initial hire. Once a person has a documented positive test for TB infection that has been followed by a chest x-ray (CXR) that was determined to be free of infectious TB, the TB risk assessment (and repeat x-rays) is no longer required.

Repeat risk assessments should occur every four years (unless otherwise required) to identify any additional risk factors, and TB testing based on the results of the TB risk assessment. Re-testing should only be done in persons who previously tested negative, and have new risk factors since the last assessment.

Previous or inactive tuberculosis

Persons with a previous chest radiograph showing findings consistent with previous or inactive TB should be tested for LTBI. In addition to LTBI testing, evaluate for active TB disease.

Negative test for LTBI does not rule out TB disease

It is important to remember that a negative TST or IGRA result does not rule out active TB disease. In fact, a negative TST or IGRA in a person with active TB can be a sign of extensive disease and poor outcome.

Symptoms of TB should trigger evaluation for active TB disease

Persons with any of the following symptoms that are otherwise unexplained should be medically evaluated: cough for more than 2-3 weeks, fevers, night sweats, weight loss, hemoptysis.

TB infection treatment is recommended

Shorter regimens for treating LTBI have been shown to be as effective as 9 months of isoniazid, and are more likely to be completed. Shorter regimens are preferred in most situations. Drug-drug interactions and contact to drug resistant TB are frequent reasons these regimens cannot be used.

Please consult with your local public health department on any other recommendations and mandates that should also be considered.





Certificate of Completion Tuberculosis Risk Assessment and/or Examination

*To satisfy **job-related requirements** in the California Education Code, Sections 49406 and 87408.6 and the California Health and Safety Code, Sections 1597.055, 121525, 121545 and 121555.*

First and Last Name of the person assessed and/or examined:

Date of assessment and/or examination: _____mo./_____day/_____yr.

Date of Birth: _____mo./_____day/_____yr.

The above named patient has submitted to a tuberculosis risk assessment. The patient does not have risk factors, or if tuberculosis risk factors were identified, the patient has been examined and determined to be free of infectious tuberculosis.

X _____
Signature of Health Care Provider completing the risk assessment and/or examination

Please print, place label or stamp with Health Care Provider Name and Address (include Number, Street, City, State, and Zip Code):

Telephone and FAX:

new hire pamphlet

If a work injury occurs

California law guarantees certain benefits to employees who are injured or become ill because of their jobs.

Any job related injury or illness is covered. Types of injuries include, but may not be limited to, strains, sprains, cuts, cumulative or repetitive traumas, fractures, illnesses and aggravations. Some injuries from voluntary, off duty, recreational, social or athletic activity may not be covered. Check with your supervisor or Keenan & Associates if you have any questions.

All work related injuries must be reported to your supervisor immediately. Don't delay. There are time limits. If you wait too long, you may lose your right to benefits. Your employer is required to provide you a claim form within one working day after learning about your injury.

It is a misdemeanor for an employer to discriminate against workers who are injured on the job or who testify in another employee's case. Any such employee may be entitled to compensation, reinstatement and reimbursement for lost wages and benefits.

Workers' compensation benefits include

Medical Care – All medical treatment, without a deductible or dollar limit. For dates of injury on or after 1/1/04 there is a limit of 24

chiropractic, 24 physical therapy and 24 occupational therapy visits. However this limit does not apply for post surgical treatments. Costs are paid directly by Keenan & Associates, through your employer's workers' compensation program, so you should never see a bill.

If emergency treatment is required go to the nearest emergency room or contact 911.

Keenan & Associates will arrange medical treatment, often by a specialist for the particular injury. Preferred Provider Networks may be utilized for physicians as well as medical care centers.

If you have health care coverage you are eligible to treatment with your personal physician or medical group should you become injured on the job. If you are eligible, **before you are injured**, you must notify your employer **in writing** and provide your employer **written** documentation from your personal physician or medical group that they agree to be predesignated. Your personal physician must be your regular primary care physician who previously directed your medical treatment, who retains your medical history and records. You may only predesignate your primary care physician if they are a family practitioner, general practitioner, board certified or board eligible internist, obstetrician-gynecologist, or pediatrician. Your personal physician may be a multispecialty medical group composed of licensed doctors or osteopathy providing medical services predominantly for non-occupational illness and injuries.

Your employer may be using a Medical Provider Network (MPN), which is a selected group of health care providers to provide treatment to

workers injured on the job. If you have predesignated a personal physician prior to your work injury, then you may receive treatment from your predesignated doctor. If you have not predesignated and your employer is using and MPN, you are free to choose an appropriate provider from the MPN list after the first medical visit directed by your employer or Keenan & Associates. If you are treating with a non-MPN doctor for an existing injury, you may be required to change to a doctor within the MPN. For more information, see the MPN contact information on reverse side.

If your employer **does not** participate in a Medical Provider Network (MPN) you may be able to change your treating physician to your personal chiropractor or acupuncturist. Generally your employer, or Keenan, has the right to select your treating physician within the first 30 days after your employer knows of your injury or illness. After your employer, or Keenan, initiates treatment you may, upon request, have your treatment transferred to your personal chiropractor or acupuncturist. To be eligible you must notify your employer **in writing prior to being injured**. However, a chiropractor cannot be your treating physician after receiving 24 chiropractic office visit.

Your employer will provide you with a form to use an optional method to predesignate your personal physician.

Contact Keenan & Associates if you plan to change physicians at any time.

Payment for Lost Wages - If you're temporarily disabled by a job injury or illness, you'll receive tax-free income until your doctor says you are able to return to work. Payments are two-thirds of your average weekly pay, up to

a maximum set by state law. Payments aren't made for the first three days unless you are hospitalized in an inpatient basis or unable to work more than 14 days.

If the injury or illness results in permanent disability, additional payments will be made after recovery. If the injury results in death, benefits will be paid to surviving, eligible dependents.

Rehabilitation – For dates of injury on or after 1/1/04 - you may be entitled to a **Supplemental Job Displacement Voucher**, which entitles you to a voucher for educational training.

MPN Information

Harbor Health Systems MPN Contact
(888) 626-1737
MPNcontact@harborsys.com

How to obtain additional information

Contact your employer representative or Keenan & Associates if you have questions about workers' compensation benefits. You may also contact an Information and Assistance Officer at the State Division of Workers' Compensation. You can consult an attorney. Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fee will be taken out of some of your benefits. For names of workers' compensation attorneys, call the State Bar of California at 415-538-2120.

Department of Workers' Compensation Information and Assistance Offices

You can get free information from a state Division of Workers' Compensation Information & Assistance Officer. The phone numbers are listed below. Hear recorded information by calling toll-free 800-736-7401 or visit www.dwc.ca.gov.

Anaheim	714-414-1804
Bakersfield	661-395-2514
Eureka	707-441-5723
Fresno	559-445-5355
Goleta	805-968-4158
Long Beach	562-590-5001
Los Angeles	213-576-7389
Marina Del Rey	310-482-3858
Oakland	510-622-2861
Oxnard	805-485-3528
Pomona	909-623-8568
Redding	530-225-2047
Riverside	951-782-4347
Sacramento	916-928-3158
Salinas	831-443-3058
San Bernardino	909-383-4522
San Diego	619-767-2082
San Francisco	415-703-5020
San Jose	408-277-1292
San Luis Obispo	805-596-4159
Santa Ana	714-558-4597
Santa Rosa	707-576-2452
Stockton	209-948-7980
Van Nuys	818-901-5367

Keenan & Associates adjusting locations

Torrance
800-654-8102

Eureka
707-268-1616

Pleasanton
925-225-0611

Rancho Cordova
800-343-0694

Redwood City
650-306-0616

Riverside
800-654-8347

San Jose
800-334-6554

Anyone who knowingly files or assists in the filing of a false workers' compensation claim may be fined up to \$150,000 and sent to prison for up to five years.
[Insurance Code Section 1871.4]