

<b>HUMAN RESOURCES MEMORANDUM 15-008</b>		DATE ISSUED: 06/16/2015
SUBJECT: <b>Workers' Compensation – Employer Responsibilities</b>		REFERENCE: PML 2015-010
TO: Personnel Officers, Return-to-Work Coordinators, Personnel Transaction Supervisors, Health and Safety Officers, Personnel Liaisons, Attendance Clerks, All DGS Managers and Supervisors		SUPERCEDES:

**PLEASE ENSURE THAT THIS INFORMATION IS SHARED WITH YOUR EMPLOYEES**

This memorandum contains important reminders for employers regarding workers' compensation notices.

The State Compensation Insurance Fund provides all these necessary forms on their website:

<http://www.statefundca.com/Home/StaticIndex?id=http://content.statefundca.com/statecontracts/Forms.asp>

**Before Any Injury or Illness**

Pursuant to California Code of Regulations, title 8, section 9881, every employer shall post and keep posted in a conspicuous location frequented by employees a Notice to Employees.

It shall be posted in both English and Spanish where there are Spanish speaking employees. Please fill in all open fields on the notice.

Use this notice: Posting Notice ([English e13913](#)) ([Spanish e13914](#))

**At Time of Hire**

Pursuant to California Code of Regulations, title 8, section 9880, employers shall provide to every new employee at the time of hire or by the end of the first pay period, written notice concerning the rights, benefits, and obligations under workers' compensation law.

This notice shall also contain a form that the employee can use to pre-designate their personal physician or medical group as defined by Labor Code section 4600.

Use this notice: [Guide to Workers' Compensation for New State of California Employees](#) (e13546)

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**When  
Notified of a  
Potential  
Injury or  
Illness**

Pursuant to Labor Code section 5401, employers shall provide a claim form and notice of potential eligibility to their employee within one working day of notice or knowledge that the employee has suffered a work related injury or illness.

Use this claim form and notice: [Employee's Claim for Workers' Compensation Benefits \(e3301\)](#)

Pursuant to California Code of Regulations, title 8, section 9767.12 (effective August 27, 2014), employers shall provide a complete written Medical Provider Network (MPN) employee notification when an injury is reported or the employer has knowledge of an injury.

Use this notice: [Guide to the State Fund Medical Provider Network for State of California Employees \(e13174\)](#)

For more detailed information about employer responsibilities, you may read The Employer's Role: When your Employee is Injured on the Job on the workers' compensation page of the Department of Human Resources website at <http://www.calhr.ca.gov/state-hrprofessionals/Pages/workers-compensation-program.aspx>.

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**Questions or  
Assistance**

If you have any questions related to this memo, please contact your [Return to Work Coordinator](#) or The Return to Work Manager: [Bryan Romeo](#) at (916) 376-5424

**ANGIE BOLDRINI**, Personnel Officer  
Office of Human Resources

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