

**California Department of Human Resources  
Memorandum**

**TO: Personnel Management Liaisons (PML)**

<b>SUBJECT:</b> Workers' Compensation – Employer Responsibilities	<b>REFERENCE NUMBER:</b> 2015-010
<b>DATE ISSUED:</b> 3/17/2015	<b>SUPERSEDES:</b>

This memorandum should be forwarded to:

**Personnel Officers  
Return-to-Work Coordinators  
Personnel Transaction Supervisors  
Health and Safety Officers**

**FROM:** Department of Human Resources  
Benefits Division

**CONTACT:** Tracy Caldwell  
(916) 445-9760  
Fax: (916) 322-3769  
Email: [workcomp@calhr.ca.gov](mailto:workcomp@calhr.ca.gov)

This memorandum contains important reminders for employers regarding workers' compensation notices. The State Compensation Insurance Fund provides all these necessary forms on their website at <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)

## **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-hr-professionals/Pages/workers-compensation-program.aspx>.

If you have any questions, contact Tracy Caldwell at [Tracy.Caldwell@calhr.ca.gov](mailto:Tracy.Caldwell@calhr.ca.gov).

/s/Darlene Schell

Darlene Schell, Chief  
Benefits Division