



# UNIVERSITY OF LAVERNE

## MEMORANDUM

DATE: July 1, 2013  
TO: All New ULV Employees  
FROM: Human Resources  
SUBJECT: Workers' Compensation Benefits

The University of La Verne insures you for job-related injury or illness through the California Workers' Compensation program. If you are injured at work, you should immediately report that injury to your supervisor and the Human Resources Department (909) 593-3511, ext. 4076 so that necessary medical treatment can be arranged and other benefits can be provided as appropriate.

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I acknowledge that I have read and understand the above. I understand that I am to report any job-related injury or illness immediately to my supervisor and the Human Resources Department. If medical attention is necessary, I am to request it from my supervisor and/or the Human Resources Department and I will be sent to a physician. I may request to be treated by my private physician for any job-related injury/illness. I understand that this request must be made in writing and on file in the Human Resources Department prior to a job-related injury/illness. If I go to a physician not authorized by the University, it will be at my own expense.

Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_