



YOUTH EMPLOYMENT PROGRAM

A Program of the Southeast Area Social Services Funding Authority
Funded by the County of Los Angeles

2011 Worksite Supervisor Handbook



Preparing youth for the future through educational, leadership and career exploration activities



10400 Pioneer Blvd. Suite 9, Santa Fe Springs, CA 90670 Tel. (562) 946-2237 Fax (562) 946-5818 TTY (562) 236-2899

Dear YEP Work Site Supervisor:

Welcome to the Youth Employment Program (YEP). As a Worksite Supervisor, you are in a unique position to provide direction and training for the youth in our community. Your participation will enable young people the opportunity to develop positive work habits, attitudes and job readiness skills.

The YEP provides work-based training for youth and young adults between the ages of 16 and 24. Our goal is to encourage youth to remain in school, develop career goals and secure employment. Through this activity, youth will have the opportunity to develop the skills necessary to meet their present and future employment needs.

This manual was prepared as a general guide to help you understand the working relationship among your organization, the youth work experience participant, and the Youth Employment Program. It also provides general information regarding processes and forms used in the operation of the program.

Inside this manual you will find valuable information that will help answer many of your questions. YEP staff will provide you with further information and will remain available throughout the program to address your concerns and answer your questions as they arise.

We appreciate your cooperation in supervising work experience activities and participants.

Sincerely,

Youth Employment Program Staff

*SASSFA
Partners For Progress
WorkSource Center
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Santa Fe Springs, CA 90670
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Signature of authorized representative

Date

Timecard Delivery Procedure

Please select one:

Fax/E-mail and mail original to SASSFA Hand deliver to SASSFA

SASSFA employee picks up Participant drops off at SASSFA

Please note timecards are due by Tuesday at 3pm and all timecards must be signed by the worksite supervisor.

1. GENERAL INFORMATION

The Youth Employment Program (YEP) is designed to assist eligible youth by providing work experience services that build work related knowledge and skills. YEP is targeted toward eligible youth, between the ages of 16 and 24. In addition to enabling youth to earn wages and develop work readiness skills, the Youth Employment Program should provide them encouragement and opportunities to build self-confidence, along with reinforcing education and career goals.

2. ROLE OF THE WORKSITE SUPERVISOR

Worksite Supervisors are regular employees of your organization and will directly supervise participants on the job. While participants have received a full orientation to YEP requirements, participants will have a better chance to succeed in their jobs if Worksite Supervisors explain what is expected of the participant. Supervisors should take time to re-orient youth to various features of their work experience participation such as:

- Hours of work
- Organization's rules (as they apply to the participant)
- Time and length of breaks
- Name and telephone number of person/s to notify when the participant will be late or absent
- Safety procedures and person/s to whom accidents are to be reported
- A clear explanation of exactly what responsibilities will be expected from the participant, including an explanation of the criteria by which the participant's work attitudes, habits and work readiness will be evaluated

- Time sheet reporting system

Worksite Supervisors are responsible for:

- ❖ Ensuring participant time and attendance procedures are followed, and the timesheets are complete and accurate.
- ❖ Supervision of participants, along with guidance and training as appropriate.
- ❖ Working with the YEP staff to resolve problems as they arise.
- ❖ Maintaining a copy of the Worksite Agreement, training plan, all submitted timesheets, work readiness post-tests and other relevant forms, such as work permits and injury reporting forms.

Other responsibilities are outlined in the Worksite Agreement.

3. ROLE OF THE YEP STAFF

The YEP staff will be available throughout the program to support the work site supervisors and participants engaged in program activities. YEP staff will be responsible for:

- Orientation to work experience participants regarding YEP goals and objectives.
- Mediation of any problems on the job between the participant and worksite supervisor.

4. CHILD LABOR LAWS SUMMARY

The following information provides general guidance regarding allowable work activities for participants in accordance with applicable laws and regulations.

IS IT OK FOR PARTICIPANTS TO DO ANY KIND OF WORK?

NO! There are laws that prohibit youth from doing dangerous work.

IN CALIFORNIA, NO WORKER UNDER 18 MAY:

- Drive a motor vehicle on public streets as part of a job.
- Drive a forklift.
- Use powered equipment like a circular saw, box crusher, meat slicer or bakery machine.
- Work in wrecking, demolition, excavations or roofing.
- Work in logging or saw mills.
- Handle, serve, or sell alcoholic beverages.
- Work where there is exposure to radiation.
- Work more than 4 hours per day or 20 hours per week while school is in session.
- Work more than 8 hours per day or 48 hours per week when school is not in session.

***NOTE: NO OVERTIME IS AUTHORIZED FOR YEP PARTICIPANTS**

IN ADDITION, YEP PARTICIPANTS MAY NOT BE ENGAGED IN WORK EXPERIENCE ACTIVITIES AT:

- Casinos or other gambling establishments
- Swimming Pools

ARE THERE OTHER THINGS PARTICIPANTS UNDER 18 YEARS OLD CANNOT DO?

YES! There are many restrictions regarding the type of work minors cannot do. Please contact the YEP staff if you are in doubt or have questions.

IS A WORK PERMIT REQUIRED?

YES! Work permits are required for all participants under 18 years of age. All work permits have been arranged and secured by YEP staff as part of the application process and are on file at SASSFA.

WORKSITE QUALITY CONTROL REVIEW

SASSFA staff will visit the worksite to review program activities and deal with questions and concerns of both participants and Worksite Supervisors.

In addition, Worksite Supervisors should be aware the work sites may be reviewed by representatives of the County of Los Angeles.

These reviews will generally consist of observation of operations, review of documentation, such as time cards, compliance with the Worksite Agreement and Child Labor Laws. In addition, reviewers will likely interview the Worksite Supervisor and selected participants.

5. BREAKS AND LUNCH

An employee is entitled to a minimum of a 30 minute lunch break when their daily work schedule exceeds over six hours and a 10 minute break every four hours worked.

6. PROBLEMS ON THE JOB

SASSFA staff may serve as mediators and they should be called anytime there is a problem with the participant's work performance, absenteeism or relationship with coworkers. Worksite supervisors are encouraged to discuss and resolve problems initially. However, if after the discussion, no progress has been made, it is the responsibility of SASSFA staff to help resolve the situation prior to your taking any actions. SASSFA staff should be informed of problems as soon as it is clear that they cannot be resolved by the Worksite Supervisor and participant alone.

Communication between the Worksite Supervisor and SASSFA staff is critical to participants' success at the worksite and their acquisition of work readiness skills. The participant has agreed to the rules and requirements of YEP participation and the Worksite Supervisor and SASSFA staff are responsible to see that this agreement is being followed.

7. SEXUAL HARASSMENT

Sexual harassment is unwelcome attention of a sexual nature. It is harmful and it is illegal. Sexual touching, grabbing, pinching or intentionally brushing up against someone in a sexual way can all be considered harassing behavior. Even obscene comments, looks, teasing and rumors can be forms of harassment.

YEP participants have been advised to inform others (e.g. supervisors, coworkers, staff) when certain behavior makes them uncomfortable. If the person on the receiving end of a behavior, action or speech doesn't like it or is disturbed by it, it may be harassment, and it is definitely wrong to continue. YEP participants will inform SASSFA staff if they believe they have been sexually harassed.

8. GRIEVANCE PROCEDURES

YEP participants are protected from any kind of discrimination on the job. Participants have been oriented to grievance procedures available to them.

9. PARTICIPANT ABSENTEEISM

All participants have been given an orientation. This orientation included the basic procedures to follow when she/he finds it necessary to be absent from the worksite.

As a Worksite Supervisor, it is important that you be informed of the following procedures and that you reaffirm these with the participant on your site.

- The participant is required to give advance notice of intention to be absent from work, regardless of the reason. If this cannot be done in person, the participant should telephone the Worksite Supervisor as soon as she/he knows that she/he will be unable to report to work that day.
- If the absence continues beyond one day, the participant is to notify the Worksite Supervisor each day that she/he will be absent. The Supervisor should ensure that the participant has the phone number and name of the person to whom the absence must be reported.

The Worksite Supervisor is requested to notify the SASSFA staff about the participant's absenteeism when:

- The participant is absent more than three consecutive days regardless of the reason or whether the participant has reported the absence to the Worksite Supervisor.

- It appears to the Worksite Supervisor that the participant is absent too frequently or is establishing a pattern of absenteeism.

NOTE: Participants will not be paid for any absences.

10. TIME SHEET PROCEDURES

SASSFA staff will inform Worksite Supervisors of the maximum hours per day and per week that youth may work. The Supervisor and the participant will keep a daily log of these hours on the time sheet provided by SASSFA staff. Other time sheets/records may not be used. The participant and Worksite Supervisor will sign the time sheet. The signatures indicate that both agree with the information on the time sheet.

***NOTE: NO OVERTIME IS AUTHORIZED FOR YEP PARTICIPANTS**

Time Sheet Requirements

- Use a pen, typewriter, or computer. **Pencil and correction fluid may not be used on timecards.**
- Make sure the Supervisor's signature and that of the participant is on the time sheet.
- The date of both supervisor and participant signatures must be on or after the last day of work.
- The youth participant must always receive a copy of the completed/signed time sheet.
- If time sheets are not properly signed and dated, the participant will not be paid.
- Use standard time only. Do not use ditto marks or military time.
- No hours are to be entered for days the participant was absent.
- No paid sick leave or holidays.
- Please round off the time to the closest $\frac{1}{4}$ hour (15 Minutes).
- Work time must always be recorded after the work is performed, never before.
- Correction on the time sheet must be initialed by both the Supervisor and the participant. This authorizes the corrections and eliminates confusion.
- Payments will not be made on incorrect time sheets. Time sheets which violate the above rules will be sent back to the work site for correction.
- Participants may work an average of 100 hours.

11. PAYCHECKS

For many of the participants, YEP marks their first work experience. All participants have received an orientation to wages, payroll deductions and their paychecks. Worksite Supervisors may find it necessary to reinforce this information to participants at the time they receive their first paychecks.

12. GENERAL SAFETY RULES

Each worksite shall provide youth with information on the organization's specific rules to ensure their safety in the workplace. Following are some general rules that youth should follow, which worksites should incorporate into the information they provide to work experience participants.

REPORTING

- Reporting all accidents and/or injuries to your Supervisor immediately after the incident.
- Report any unsafe condition or potentially unsafe condition to your Supervisor.

LIFTING OR HANDLING MATERIALS

- Always seek help with lifting or moving very heavy objects.
- When lifting, use the large leg muscles, not the weak back muscles.
- Do not bend from the waist in any lifting activity.
- Always pull a hand truck or cart except when going down an incline.
- Push heavy objects; avoid pulling.
- Report all "potentially hazardous" spills to your Supervisor before attempting clean up.

PERSONAL PROTECTIVE EQUIPMENT

- Wear appropriate protective equipment at all times where mandated by your Supervisor.

ALWAYS

- Avoid horseplay or any action that may endanger other people.
- Walk; do not run, when performing your work duties.
- Use a ladder or sturdy stool when reaching above your head. Do not stand on chairs, tables, boxes, etc.

HOUSEKEEPING

- Keep work areas clean and free from spills.
- Aisles, exits, electrical panels, and fire extinguishers must be kept clear of barriers at all times.

13. JOB INJURY PROCEDURES

Any job injury, even a first aid type injury, must be reported to the employer SASSFA within 24 hours and in compliance with SASSFA's injury reporting instructions.

14. APPENDIX FORMS

- A) SASSFA – Summer Youth Employment and Training Program – Payroll Procedures

B) Time Card

C) SASSFA – Summer Youth Employment and Training Program –
Process for Reporting Worksite Injuries

Southeast Area Social Services Funding Authority

YOUTH EMPLOYMENT PROGRAM 2011 PAYROLL PROCEDURES

1. No Summer Youth will receive a paycheck until they have been input into the LA County and Payroll systems.

- *This means that a correctly completed Registration Form and Enrollment Form have been submitted to SASSFA on a timely basis.*
- *A W-4 and I-9 must be submitted with the registration form to SASSFA prior to the participant receiving a paycheck.*
- *All participants are considered exempt for purposes of YEP payment processing and W-4s should be filled out accordingly.*
- *If a participant wishes to have federal and state income tax withheld, they may fill out the W-4 form noting the number of exemptions – 0, 1, 2 etc – they wish to claim and they will be paid accordingly.*

2. Pay periods will run from Sunday through Saturday.

- *This means that the first day of a pay period will be a Sunday and the last day of a pay period will be a Saturday.*
- *Pay periods will be fourteen (14) days duration.*
- *Workweeks will consist of seven days.*
- ***Overtime is not allowed and will not be paid by SASSFA. Any overtime will be paid by the employers.***

3. Timecards will be submitted to SASSFA's Fiscal office by 3:00 PM every other Tuesday.

- *Timecards should be signed by the participants and approved by the supervisors.*
- *Participants will receive their paychecks on **Friday** if timecards are submitted to SASSFA's fiscal office by 3:00 PM every other Tuesday. If the timecards are submitted to SASSFA's Fiscal office after 3:00 PM Tuesday, the participants will receive their paychecks on the following Friday.*

For example: For the pay period ending 5/22/2010 (from 5/09/2010 to 5/22/2010), the participants will submit their timecards to SASSFA's Fiscal office on Tuesday, May 25, 2010 by 3:00 PM. The participant will receive their paycheck on Friday May 28, 2010. If the timecards are submitted after 3:00 PM Tuesday, the participants will receive their paychecks on Tuesday, June 01, 2010 (Supplemental Pay Date).

4. Summer Youth participants will not be paid for holidays.

- *They will not receive pay for Holidays unless they work, and then they will only be paid for actual hours worked.*
- *The participant will not be paid for Holidays that are not a scheduled workday for the participant.*

5. All Summer Youth participants will be paid minimum wage, \$8.00 per hour.

6. Participant hours are to be tracked and no participants are to work more than a maximum of 100 hours total.

- *It is the responsibility of the Case Managers to track the hours per participant to insure that no participant works more than 100 hours.*
- *Participants must be paid, by law, for any and all hours worked.*

7. All Workers Compensation claim forms and accident reports are to be turned in to SASSFA for approval.

- *All accidents require that the work site supervisor fill out an accident report immediately (within 24 hours).*
- *This report should be forwarded to SASSFA for submittal to the insurance company within 48 hours of the accident occurring.*

A copy of the payroll schedule and blank time cards is included with these procedures.



YOUTH WORK EXPERIENCE TIME SHEET

Approvals	
Agency:	_____
MIS:	_____

EMPLOYEE NAME _____ **EMPLOYEE NUMBER** _____
 (PRINT)

PAY PERIOD ENDING _____ **WORK SITE** _____

WIA Youth I/S County Youth **JOB CODE** _____

WIA Youth O/S Other

Day	Date	From	To	Lunch		From	To	Total Hours Worked
				From	To			
SUN								
MON								
TUES								
WED								
THURS								
FRI								
SAT								
SUN								
MON								
TUES								
WED								
THURS								
FRI								
SAT								
SUN								
TOTAL HOURS								

TOTAL REG HRS _____ TOTAL OT HRS _____ TOTAL HOURS _____

I certify that all the information on this report is true and correct

Employee Signature _____ **Supervisor Approval** _____

Time cards must be dated, signed and approved. Lunch periods must be noted on time cards. Failure to fill out time cards completely and correctly may result in incorrect and/or delayed pay. All columns, for all hours to be paid, must be totaled. Additional information regarding labor distribution or pay rates should be noted on the reverse of this time sheet.

SEPARATE TIME SHEET REQUIRED FOR EACH JOB SITE AND/OR RATE

EMPLOYER EVALUATION	5 = Excellent	4 = Above Average	3 = Average
circle one	2 = Below Average	1 = Poor	

White Original = SASSFA, Yellow = Agency, Pink = Worksite

SASSFA YOUTH EMPLOYMENT PROGRAM

2011 PAYROLL SCHEDULE

Pay Period	Start Date	End Date	Time Sheet Due Date	Pay Date	Supplemental Pay Date
1	7/3/2011	7/16/2011	7/19/2011	7/22/2011	7/29/2011
2	7/17/2011	7/30/2011	8/2/2011	8/5/2011	8/12/2011
3	7/31/2011	8/13/2011	8/16/2011	8/19/2011	8/26/2011
4	8/14/2011	8/27/2011	8/30/2011	9/2/2011	9/9/2011
5	8/28/2011	9/10/2011	9/13/2011	9/16/2011	9/23/2011
6	9/11/2011	9/24/2011	9/27/2011	9/30/2011	10/7/2011
7	9/25/2011	10/8/2011	10/11/2011	10/14/2011	10/21/2011

YOUTH EMPLOYMENT PROGRAM
PROCESS FOR REPORTING WORKSITE INJURIES

Since SASSFA will be processing participant payroll, we will also be responsible for the Youth Employment Program Worker's Compensation Insurance Coverage.

PROCEDURES

In the case of a worksite injury, the Worksite Supervisor will take the following steps:

Minor Injuries: (small cuts, etc.) – The Worksite Supervisor shall treat the wound using their first aid kit and will report the injury to Alma Rosa Martinez at (562) 946-2237 extension 222. In addition, he/she will complete **SASSFA Accident/Injury Report** and will mail the original report to SASSFA, after calling Alma Rosa Martinez and reporting the injury.

Average Injuries: (sprains, contusions, back pain, etc): – The Worksite Supervisor shall immediately call Alma Rosa Martinez at (562) 946-2237 extension 222 or Linda Hunt at (562) 946-2237 extension 233. In addition, he/she will complete **SASSFA Accident/Injury Report**.

After making the appropriate calls, the Worksite Supervisor shall arrange to have the participant transported to the SASSFA authorized treatment center.

The Worksite Supervisor shall provide the participant with **Worker's Compensation Form DWC 1** for the participant to complete and return to SASSFA. The Worksite Supervisor will complete the **Authorization to Treat form** and send the participant with the original form to:

***Health First Medical Group – North
11817 E. Telegraph Road
Santa Fe Springs, CA 90670
(562) 949-9328***

The treatment center shall provide treatment and either release the participant or recommend further treatment.

Major/Serious Injuries: (head or eye wounds, broken bones, neck injuries, etc.) – The Worksite Supervisor shall immediately call 911 and report the injury, giving the dispatcher as much detail as possible, (i.e., the nature of the injury, how it occurred, location, address, etc). Soon thereafter, the Worksite Supervisor shall report the injury to Alma Rosa Martinez at (562) 946-2237 extension 222.

IMPORTANT: The SASSFA Accident-Injury Report and the DWC 1 form are to be filled out and faxed to SASSFA at (562) 946-5818 and originals forwarded to Alma Rosa Martinez at 10400 Pioneer Blvd., #9, SFS, CA 90670.

NOTE: When the participant is ready to return back to work he/she must submit to SASSFA a doctor's release indicating the participant is fit to work or doctor's indication of work restrictions.

**REMINDER – COMPLETE THE ACCIDENT/INJURY REPORT AND
PROVIDE THE DWC 1 FOR FOR ALL INJURIES**

**IN THE EVENT AN ACCIDENT/INJURY OCCURING AFTER HOURS OR ON WEEK-ENDS
CALL ALMA ROSA MARTINEZ AT (562) 883-1434**

SASSFA
ACCIDENT/INJURY REPORT

Must complete report and return to the SASSFA Human Resource Department within 24 hours.

Name: _____ SSN: _____ - _____ - _____

Job Position: _____ Age: _____ Gender: _____

Task being performed when accident/injury occurred _____

Date of Accident: Mo. _____ Day _____ Yr. _____ Time of Accident: _____ am/pm

Pace of Accident: _____

Witnesses: (if any) Name: _____ Phone #: _____

Name: _____ Phone #: _____

First Aid Given? Yes No Hospitalized? Yes No

Hospital Name: _____

Physician Name: _____ Phone #: _____

Nature and extent of injuries: _____

How did accident/injury occur? (Be specific; use extra sheet if necessary): _____

Job or activity engaged in at time of injury (Be specific): _____

Describe any unsafe conditions, methods or practices related to the accident: _____

ACTION TAKEN:

Name of Person Responding: _____

Recommended Action: _____

Report filed? [] Yes [] No If yes, to whom? _____

Phone: () _____ - _____ Person Taking Report: _____

Injured Person's Signature

Date

AUTHORIZATION TO TREAT

HEALTH

FIRST Medical Group

INJURIES

24 Hours

7 Days a Week

HEALTH FIRST MEDICAL – NORTH
11817 E. Telegraph Road, Santa Fe Springs, CA 90670 * (562) 949-9328

- Initial Injury Drug Screen On Injury Body Part Injured

Physicals/Drug Screens 6:00 am – 4:30 pm
Picture I.D. Required!

- Post Offer Physical Drivers DOT Physical Hepatitis B Injection
 Return to Work Physical Federal Drug Screen Pulmonary Function Test
 Drug Screen Breath Alcohol Test Other

Patient Name: _____

Company Name: _____

Job Classification: _____

Modified Duty Available: _____

Insurance Name: STATE COMPENSATION INSURANCE FUND

Does employee work for:

Temp/Leasing Co. Yes No

Tel.#: (562) 946-2237 Ext. 222

TODAYS DATE: _____

AUTHORIZED COMPANY SIGNATURE

EXPIRES ON: _____



WORKERS' COMPENSATION CLAIM FORM (DWC 1)

PETITION DEL EMPLEADO PARA DE COMPENSACIÓN DEL TRABAJADOR (DWC 1)

Employee: Complete the "Employee" section and give the form to your employer. Keep a copy and mark it "Employee's Temporary Receipt" until you receive the signed and dated copy from your employer. You may call the Division of Workers' Compensation and hear recorded information at (800) 736-7401. An explanation of workers' compensation benefits is included as the cover sheet of this form.

Empleado: Complete la sección "Empleado" y entregue la forma a su empleador. Quédese con la copia designada "Recibo Temporal del Empleado" hasta que Ud. reciba la copia firmada y fechada de su empleador. Ud. puede llamar a la Division de Compensación al Trabajador al (800) 736-7401 para oír información gravada. En la hoja cubierta de esta forma esta la explicación de los beneficios de compensación al trabajador.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them.

Ud. también debería haber recibido de su empleador un folleto describiendo los beneficios de compensación al trabajador lesionado y los procedimientos para obtenerlos.

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

Toda aquella persona que a propósito haga o cause que se produzca cualquier declaración o representación material falsa o fraudulenta con el fin de obtener o negar beneficios o pagos de compensación a trabajadores lesionados es culpable de un crimen mayor "felonía".

Employee—complete this section and see note above Empleado—complete esta sección y note la notación arriba.

1. Name. *Nombre.* _____ Today's Date. *Fecha de Hoy.* _____
2. Home Address. *Dirección Residencial.* _____
3. City. *Ciudad.* _____ State. *Estado.* _____ Zip. *Código Postal.* _____
4. Date of Injury. *Fecha de la lesión (accidente).* _____ Time of Injury. *Hora en que ocurrió.* _____ a.m. _____ p.m.
5. Address and description of where injury happened. *Dirección/lugar dónde ocurrió el accidente.* _____
6. Describe injury and part of body affected. *Describe la lesión y parte del cuerpo afectada.* _____
7. Social Security Number. *Número de Seguro Social del Empleado.* _____
8. Signature of employee. *Firma del empleado.* _____

Employer—complete this section and see note below. Empleador—complete esta sección y note la notación abajo.

9. Name of employer. *Nombre del empleador.* _____
10. Address. *Dirección.* _____
11. Date employer first knew of injury. *Fecha en que el empleador supo por primera vez de la lesión o accidente.* _____
12. Date claim form was provided to employee. *Fecha en que se le entregó al empleado la petición.* _____
13. Date employer received claim form. *Fecha en que el empleado devolvió la petición al empleador.* _____
14. Name and address of insurance carrier or adjusting agency. *Nombre y dirección de la compañía de seguros o agencia administradora de seguros.*
State Compensation Insurance Fund _____
15. Insurance Policy Number. *El número de la póliza de Seguro.* _____
16. Signature of employer representative. *Firma del representante del empleador.* _____
17. Title. *Título.* _____ 18. Telephone. *Teléfono.* _____

Employer: You are required to date this form and provide copies to your insurer or claims administrator and to the employee, dependent or representative who filed the claim within one working day of receipt of the form from the employee.

Empleador: Se requiere que Ud. feche esta forma y que provéa copias a su compañía de seguros, administrador de reclamos, o dependiente/representante de reclamos y al empleado que hayan presentado esta petición dentro del plazo de un día hábil desde el momento de haber sido recibida la forma del empleado.

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

EL FIRMAR ESTA FORMA NO SIGNIFICA ADMISION DE RESPONSABILIDAD

- Employer copy/Copia del Empleador Employee copy/Copia del Empleado Claims Administrator/Administrador de Reclamos Temporary Receipt/Recibo del Empleado

