

Legend: : Payday : Pay Period : Vacation & Sick Leave Accrual Dates : Deduction Holiday : Service Credit Accrual

January							February							March						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
		1	2	3	4	5						1	2						1	2
6	7	8	9	10	11	12	3	4	5	6	7	8	9	3	4	5	6	7	8	9
13	14	15	16	17	18	19	10	11	12	13	14	15	16	10	11	12	13	14	15	16
20	21	22	23	24	25	26	17	18	19	20	21	22	23	17	18	19	20	21	22	23
27	28	29	30	31			24	25	26	27	28			24	25	26	27	28	29	30
														31						

April							May							June						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
	1	2	3	4	5	6				1	2	3	4							1
7	8	9	10	11	12	13	5	6	7	8	9	10	11	2	3	4	5	6	7	8
14	15	16	17	18	19	20	12	13	14	15	16	17	18	9	10	11	12	13	14	15
21	22	23	24	25	26	27	19	20	21	22	23	24	25	16	17	18	19	20	21	22
28	29	30					26	27	28	29	30	31		23	24	25	26	27	28	29
														30						

July							August							September						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
	1	2	3	4	5	6					1	2	3	1	2	3	4	5	6	7
7	8	9	10	11	12	13	4	5	6	7	8	9	10	8	9	10	11	12	13	14
14	15	16	17	18	19	20	11	12	13	14	15	16	17	15	16	17	18	19	20	21
21	22	23	24	25	26	27	18	19	20	21	22	23	24	22	23	24	25	26	27	28
28	29	30	31				25	26	27	28	29	30	31	29	30					

October							November							December						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
			1	2	3	4						1	2	1	2	3	4	5	6	7
6	7	8	9	10	11	12	3	4	5	6	7	8	9	8	9	10	11	12	13	14
13	14	15	16	17	18	19	10	11	12	13	14	15	16	15	16	17	18	19	20	21
20	21	22	23	24	25	26	17	18	19	20	21	22	23	22	23	24	25	26	27	28
27	28	29	30	31			24	25	26	27	28	29	30	29	30	31				

*PDF pay statements will be available 2 days prior to the pay date

Leave and Service Credit Accruals

- Vacation and Sick leave are accrued on a quadri-weekly cycle (once every 4 weeks)
- Service Credit is accrued once per month with the last payday of each month

Observed Holidays

New Year Holiday
Tuesday, January 1, 2019

Martin Luther King, Jr. Day
Monday, January 21, 2019

President's Day
Monday, February 18, 2019

Cesar Chavez Holiday
Friday, March 29, 2019

Memorial Day
Monday, May 27, 2019

Independence Day
Thursday, July 4, 2019

Labor Day
Monday, September 2, 2019

Veterans Day
Monday, November 11, 2019

Thanksgiving Holiday
Thursday, November 28, 2019
Friday, November 29, 2019

Winter Holiday
Tuesday, December 24, 2019
Wednesday, December 25, 2019

New Year's Eve Holiday
Tuesday, December 31, 2019

Winter Closure
Varies by Campus

UCPath Center Contact Information

ucpath@universityofcalifornia.edu

Phone: 855-982-7284
Fax: 951-697-6839

Business Hours
Monday - Friday: 8am - 5pm

OSHA's Form 300A

Summary of Work-Related Injuries and Illnesses Year: 2018

UNIVERSITY
OF
CALIFORNIA

Establishment Name: UC Santa Barbara

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete. Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They have limited access to the OSHA Form 301 or its equivalent. See 29 CFR 1904.35, in OSHA's Recordkeeping rule, for further details on the access provisions for these forms. Post this Summary page from February 1 to April 30 of the year following the year covered by the form

Establishment Information:

Street: 552 University Rd.

City: Santa Barbara

State: CA

Zip: 93106

Industry Description: Colleges universities and professional schools

OR North American Industrial Classification (NAICS), if known: 611310

Employment Information:

Annual average number of employees: 10,941

*Total hours worked by all employees last year: 13,105,826

Number of Cases:

Total number of deaths (G) 1

Total number of cases with day away from work (H) 44

Total number of cases with job transfer or restriction (I) 48

Total number of days away from work (K) 999

Total number of days of job transfer or restriction (L) 2,245

Number of Days:

Injury and Illness Types:

Total number of ... (M)

(1) Injury 113

(2) Skin disorder 0

(3) Respiratory condition 3

(4) Poisoning 0

(5) Hearing Loss 0

(6) All Other Illnesses 4

Sign here

Knowingly falsifying this document may result in a fine. I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Gay L. MacPherson
Signature

(858) 232-2618
Phone

Vice Chancellor - Administrative Services
Title

1-30-2019

Date

*The total employee hours is based on estimated employee hours as of October 2018



OFFICIAL NOTICE

California Minimum Wage

MW- 2019

EFFECTIVE DATE	Employers with 26 or More Employees*	Employers with 25 or Fewer Employees *
January 1, 2019	\$12.00	\$11.00
January 1, 2020	\$13.00	\$12.00

PREVIOUS YEARS

January 1, 2017	\$10.50	\$10.00
January 1, 2018	\$11.00	\$10.50

*Employees treated as employed by a single qualified taxpayer pursuant to Revenue and Taxation Code section 23626 are treated as employees of that single taxpayer.

To employers and representatives of persons working in industries and occupations in the State of California:

SUMMARY OF ACTIONS

TAKE NOTICE that on April 4, 2016, the Governor of California signed legislation passed by the California Legislature, raising the minimum wage for all industries. (SB 3, Stats of 2016, amending section 1182.12. of the California Labor Code.) Pursuant to its authority under Labor Code section 1182.13, the Department of Industrial Relations amends and republishes Sections 2, 3, and 5 of the General Minimum Wage Order, MW-2017. Section 1, Applicability, and Section 4, Separability, have not been changed. Consistent with this enactment, amendments are made to the minimum wage, and the meals and lodging credits sections of all of the IWC's industry and occupation orders.

This summary must be made available to employees in accordance with the IWC's wage orders. Copies of the full text of the amended wage orders may be obtained by ordering on-line at www.dir.ca.gov/WP.asp, or by contacting your local Division of Labor Standards Enforcement office.

1. APPLICABILITY

The provisions of this Order shall not apply to outside salespersons, and individuals who are the parent, spouse, or children of the employer previously contained in this Order and the IWC's industry and occupation orders. Exceptions and modifications provided by statute or in Section 1, Applicability, and in other sections of the IWC's industry and occupation orders may be used where any such provisions are enforceable and applicable to the employer.

2. MINIMUM WAGES

Every employer shall pay to each employee wages not less than those stated above, on each effective date, per hour for all hours worked.

3. MEALS AND LODGING CREDITS - TABLE

When credit for meals or lodging is used to meet part of the employer's minimum wage obligation, the amounts so credited pursuant to a voluntary written agreement may not be more than the following

EFFECTIVE:	JANUARY 1, 2017		JANUARY 1, 2018		JANUARY 1, 2019		JANUARY 1, 2020	
For an employer who employs:	26 or More Employees	25 or Fewer Employees	26 or More Employees	25 or Fewer Employees	26 or More Employees	25 or Fewer Employees	26 or More Employees	25 or Fewer Employees
LODGING								
Room occupied alone	\$49.38/ week	\$47.03/ week	\$51.73/ week	\$49.38/ week	\$56.43/ week	\$51.73/ week	\$61.13/ week	\$56.43/ week
Room shared	\$40.76/ week	\$38.82/ week	\$42.70/ week	\$40.76/ week	\$46.58/ week	\$42.70/ week	\$50.46/ week	\$46.58/ week
Apartment – two thirds (2/3) of the ordinary rental value, and in no event more than:	\$593.05/ month	\$564.81/ month	\$621.29/ month	\$593.05/ month	\$677.75/ month	\$621.28/ month	\$734.21/ month	\$677.75/ month
Where a couple are both employed by the employer, two thirds (2/3) of the ordinary rental value, and in no event more than:	\$877.27/ month	\$835.49/ month	\$919.04/ month	\$877.26/ month	\$1002.56/ month	\$919.02/ month	\$1086.07/ month	\$1002.56/ month
MEALS								
Breakfast	\$3.80	\$3.62	\$3.98	\$3.80	\$4.34	\$3.98	\$4.70	\$4.34
Lunch	\$5.22	\$4.97	\$5.47	\$5.22	\$5.97	\$5.47	\$6.47	\$5.97
Dinner	\$7.09	\$6.68	\$7.35	\$7.01	\$8.01	\$7.34	\$8.68	\$8.01

Meals or lodging may not be credited against the minimum wage without a voluntary written agreement between the employer and the employee. When credit for meals or lodging is used to meet part of the employer's minimum wage obligation, the amounts so credited may not be more than the amounts stated in the table above.

4. SEPARABILITY

If the application of any provision of this Order, or any section, subsection, subdivision, sentence, clause, phrase, word or portion of this Order should be held invalid, unconstitutional, unauthorized, or prohibited by statute, the remaining provisions thereof shall not be affected thereby, but shall continue to be given full force and effect as if the part so held invalid or unconstitutional had not been included herein.

5. AMENDED PROVISIONS

This Order amends the minimum wage and meals and lodging credits in MW-2017, as well as in the IWC's industry and occupation orders. (See Orders 1-15, Secs. 4 and 10; and Order 16, Secs. 4 and 9.) This Order makes no other changes to the IWC's industry and occupation orders.

These Amendments to the Wage Orders shall be in effect as of January 1, 2019.

Questions about enforcement should be directed to the Labor Commissioner's Office. For the address and telephone number of the office nearest you, information can be found on the internet at www.dir.ca.gov/DLSE/dlse.html or under a search for "California Labor Commissioner's Office" on the internet or any other directory. The Labor Commissioner has offices in the following cities: Bakersfield, El Centro, Fresno, Long Beach, Los Angeles, Oakland, Redding, Sacramento, Salinas, San Bernardino, San Diego, San Francisco, San Jose, Santa Ana, Santa Barbara, Santa Rosa, Stockton, and Van Nuys.

Safety and Health Protection on the Job

State of California
Department of Industrial Relations



California law provides workplace safety and health protections for workers through regulations enforced by the Division of Occupational Safety and Health (Cal/OSHA). This poster explains some basic requirements and procedures to comply with the state's workplace safety and health standards and orders. The law requires that this poster be displayed. Failure to do so could result in a substantial penalty. Cal/OSHA standards can be found at www.dir.ca.gov/samples/search/query.htm.

WHAT AN EMPLOYER MUST DO:

All employers must provide work and workplaces that are safe and healthful. In other words, as an employer, you must follow state laws governing job safety and health. Failure to do so can result in a threat to the life or health of workers, and substantial monetary penalties.

You must display this poster in a conspicuous place where notices to employees are customarily posted so everyone on the job can be aware of basic rights and responsibilities.

You must have a written and effective Injury and Illness Prevention Program (IIPP) meeting the requirements of California Code of Regulations, title 8, section 3203 (www.dir.ca.gov/title8/3203.html).

You must be aware of hazards your employees face on the job and keep records showing that each employee has been trained in the hazards unique to each job assignment.

You must correct any hazardous condition that you know may result in injury to employees. Failure to do so could result in criminal charges, monetary penalties, and even incarceration.

You must notify a local Cal/OSHA district office of any serious injury or illness, or death, occurring on the job. Be sure to do this immediately after calling for emergency help to assist the injured employee. Failure to report a serious injury or illness, or death, within 8 hours can result in a minimum civil penalty of \$5,000.

WHAT AN EMPLOYER MUST NEVER DO:

Never permit an employee to do work that violates Cal/OSHA workplace safety and health regulations.

Never permit an employee to be exposed to harmful substances without providing adequate protection.

Never allow an untrained employee to perform hazardous work.

EMPLOYEES HAVE CERTAIN WORKPLACE SAFETY & HEALTH RIGHTS:

As an employee, you (or someone acting for you) have the right to file a confidential complaint and request an inspection of your workplace if you believe conditions there are unsafe or unhealthful. This is done by contacting the local Cal/OSHA district office (see list of offices). Your name is not revealed by Cal/OSHA, unless you request otherwise.

You also have the right to bring unsafe or unhealthful conditions to the attention of the Cal/OSHA investigator inspecting your workplace.

Any employee has the right to refuse to perform work that would violate an occupational safety or health standard or order where such violation would create a real and apparent hazard to the employee or other employees.

You may not be fired or punished in any way for filing a complaint about unsafe or unhealthful working conditions, or for otherwise exercising your rights to a safe and healthful workplace. If you feel that you have been fired or punished for exercising your rights, you may file a complaint about this type of discrimination by contacting the nearest office of the California Department of Industrial Relations, Division of Labor Standards Enforcement (Labor Commissioner's Office) or the San Francisco office of the U.S. Department of Labor, Occupational Safety and Health Administration. (Employees of state or local government agencies may only file these complaints with the California Labor Commissioner's Office.) Consult your local telephone directory for the office nearest you.

EMPLOYEES ALSO HAVE RESPONSIBILITIES:

To keep the workplace and your coworkers safe, you should tell your employer about any hazard that could result in an injury or illness to an employee. While working, you must always obey state workplace safety and health laws.

HELP IS AVAILABLE:

To learn more about workplace safety rules, you may contact Cal/OSHA Consultation Services for free information, required forms, and publications. You can also contact a local district office of Cal/OSHA. If you prefer, you may retain a competent private consultant, or ask your workers' compensation insurance carrier for guidance in obtaining information.

Call the FREE Worker Information Helpline – (866) 924-9757

DIVISION OF OCCUPATIONAL SAFETY AND HEALTH (CAL/OSHA)

HEADQUARTERS: 1515 Clay Street, Ste. 1901, Oakland, CA 94612 – Telephone (510) 286-7000

District Offices

American Canyon	3419 Broadway St., Ste. H8, American Canyon 94503	(707) 649-3700
Bakersfield	7718 Meany Ave., Bakersfield 93308	(661) 588-6400
Foster City	1065 East Hillsdale Bl., Ste. 110, Foster City 94404	(650) 573-3812
Fremont	39141 Civic Center Dr., Ste. 310, Fremont 94538	(510) 794-2521
Fresno	2550 Mariposa St., Rm. 4000, Fresno 93721	(559) 445-5302
Long Beach	3939 Atlantic Ave., Ste. 212, Long Beach 90807	(562) 506-0810
Los Angeles	320 West Fourth St., Rm. 820, Los Angeles 90013	(213) 576-7451
Modesto	4206 Technology Dr., Ste. 3, Modesto 95356	(209) 545-7310
Monrovia	800 Royal Oaks Dr., Ste. 105, Monrovia 91016	(626) 239-0369
Oakland	1515 Clay St., Ste. 1303, Box 41, Oakland 94612	(510) 622-2916
Redding	381 Hemsted Dr., Redding 96002	(530) 224-4743
Sacramento	2424 Arden Way, Ste. 160, Sacramento 95825	(916) 263-2800
San Bernardino	464 West Fourth St., Ste. 332, San Bernardino 92401	(909) 383-4321
San Diego	7575 Metropolitan Dr., Ste. 207, San Diego 92108	(619) 767-2280
San Francisco	455 Golden Gate Ave., Rm. 9516, San Francisco 94105	(415) 557-0100
Santa Ana	2000 E. McFadden Ave., Ste. 122, Santa Ana 92705	(714) 558-4451
Van Nuys	6150 Van Nuys Blvd., Ste. 405, Van Nuys 91401	(818) 901-5403

Regional Offices

San Francisco	455 Golden Gate Ave., Rm 9516, San Francisco 94102	(415) 557-0300
Sacramento	2424 Arden Way Ste. 300, Sacramento 95825	(916) 263-2803
Santa Ana	2000 E. McFadden Ave. Ste. 119, Santa Ana 92705	(714) 558-4300
Monrovia	750 Royal Oaks Dr., Ste. 105, Monrovia 91016	(626) 470-9122

Cal OSHA Consultation Services

Field / Area Offices

•Fresno / Central Valley	2550 Mariposa Mall, Rm. 2005 Fresno 93721	(559) 445-6800
•La Palma / Los Angeles / Orange County	1 Centerpointe Dr., Ste. 150 La Palma 90623	(714) 562-5525
•Oakland/ Bay Area	1515 Clay St., Ste 1103 Oakland 94612	(510) 622-2891
•Sacramento / Northern CA	2424 Arden Way, Ste. 410 Sacramento 95825	(916) 263-0704
•San Bernardino	464 West Fourth St., Ste. 339 San Bernardino 92401	(909) 383-4567
•San Diego / Imperial County	7575 Metropolitan Dr., Ste. 204 San Diego 92108	(619) 767-2060
•San Fernando Valley	6150 Van Nuys Blvd., Ste. 307 Van Nuys 91401	(818) 901-5754

Consultation Region Office

•Fresno	2550 Mariposa Mall, Rm. 3014 Fresno 93721	(559) 445-6800
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Enforcement of Cal/OSHA workplace safety and health standards is carried out by the Division of Occupational Safety and Health, under the California Department of Industrial Relations, which has primary responsibility for administering the Cal/OSHA program. Safety and health standards are promulgated by the Occupational Safety and Health Standards Board. Anyone desiring to register a complaint alleging inadequacy in the administration of the California Occupational Safety and Health Plan may do so by contacting the San Francisco Regional Office of the Occupational Safety and Health Administration (OSHA), U.S. Department of Labor Tel: (415) 625-2547. OSHA monitors the operation of state plans to assure that continued approval is merited. **October 2017**

TRANSGENDER RIGHTS IN THE WORKPLACE



WHAT DOES "TRANSGENDER" MEAN?

Transgender is a term used to describe people whose gender identity differs from the sex they were assigned at birth. Gender expression is defined by the law to mean a "person's gender-related appearance and behavior whether or not stereotypically associated with the person's assigned sex at birth." Gender identity and gender expression are protected characteristics under the Fair Employment and Housing Act. That means that employers, housing providers, and businesses may not discriminate against someone because they identify as transgender or gender non-conforming. This includes the perception that someone is transgender or gender non-conforming.

WHAT IS A GENDER TRANSITION?

- 1 "Social transition" involves a process of socially aligning one's gender with the internal sense of self (e.g., changes in name and pronoun, bathroom facility usage, participation in activities like sports teams).
- 2 "Physical transition" refers to medical treatments an individual may undergo to physically align their body with internal sense of self (e.g., hormone therapies or surgical procedures).

A person does not need to complete any particular step in a gender transition in order to be protected by the law. An employer may not condition its treatment or accommodation of a transitioning employee upon completion of a particular step in a gender transition.

FAQ FOR EMPLOYERS

What is an employer allowed to ask? Employers may ask about an employee's employment history, and may ask for personal references, in addition to other non-discriminatory questions. An interviewer should not ask questions designed to detect a person's gender identity, including asking about their marital status, spouse's name, or relation of household members to one another. Employers should not ask questions about a person's body or whether they plan to have surgery.

How do employers implement dress codes and grooming standards? An employer who requires a dress code must enforce it in a non-discriminatory manner. This means that, unless an employer can demonstrate business necessity, each

employee must be allowed to dress in accordance with their gender identity and gender expression. Transgender or gender non-conforming employees may not be held to any different standard of dress or grooming than any other employee.

What are the obligations of employers when it comes to bathrooms, showers, and locker rooms? All employees have a right to safe and appropriate restroom and locker room facilities. This includes the right to use a restroom or locker room that corresponds to the employee's gender identity, regardless of the employee's assigned sex at birth. In addition, where possible, an employer should provide an easily accessible unisex single stall bathroom for use by *any* employee who desires increased privacy, regardless of the underlying reason. Use of a unisex single stall restroom should always be a matter of choice. No employee should be forced to use one either as a matter of policy or due to harassment in a gender-appropriate facility. Unless exempted by other provisions of state law, all single-user toilet facilities in any business establishment, place of public accommodation, or state or local government agency must be identified as all-gender toilet facilities.

FILING A COMPLAINT

If you believe you are a victim of discrimination you may, within one year of the discrimination, file a complaint of discrimination by contacting DFEH.

If you have a disability that prevents you from submitting a written intake form on-line, by mail, or email, DFEH can assist you by scribing your intake by phone or, for individuals who are Deaf or Hard of Hearing or have speech disabilities, through the California Relay Service (711), or call us through your VRS at (800) 884-1684 (voice). DFEH is committed to providing access to our materials in an alternative format as a reasonable accommodation for people with disabilities when requested.

To schedule an appointment or to discuss your preferred format to access our materials or webpages, contact the Communication Center at (800) 884-1684 (voice or via relay operator 711) or (800) 700-2320 (TTY) or by email at contact.center@dfeh.ca.gov.

FOR MORE INFORMATION

Department of Fair Employment and Housing
Toll Free: (800) 884-1684 TTY: (800) 700-2320 dfeh.ca.gov

Also find us on:



REQUIRED POSTING - ESPAÑOL EN EL REVERSO



STATE OF CALIFORNIA - DEPARTMENT OF INDUSTRIAL RELATIONS
Division of Workers' Compensation



Notice to Employees--Injuries Caused By Work

You may be entitled to workers' compensation benefits if you are injured or become ill because of your job. Workers' compensation covers most work-related physical or mental injuries and illnesses. An injury or illness can be caused by one event (such as hurting your back in a fall) or by repeated exposures (such as hurting your wrist from doing the same motion over and over).

Benefits. Workers' compensation benefits include:

- **Medical Care:** Doctor visits, hospital services, physical therapy, lab tests, x-rays, medicines, medical equipment and travel costs that are reasonably necessary to treat your injury. You should never see a bill. There are limits on chiropractic, physical therapy and occupational therapy visits.
- **Temporary Disability (TD) Benefits:** Payments if you lose wages while recovering. For most injuries, TD benefits may not be paid for more than 104 weeks within five years from the date of injury.
- **Permanent Disability (PD) Benefits:** Payments if you do not recover completely and your injury causes a permanent loss of physical or mental function that a doctor can measure.
- **Supplemental Job Displacement Benefit:** A nontransferable voucher, if you are injured on or after 1/1/2004, your injury causes permanent disability, and your employer does not offer you regular, modified, or alternative work.
- **Death Benefits:** Paid to your dependents if you die from a work-related injury or illness.

Naming Your Own Physician Before Injury or Illness (Predesignation). You may be able to choose the doctor who will treat you for a job injury or illness. If eligible, you must tell your employer, in writing, the name and address of your personal physician or medical group *before* you are injured. You must obtain their agreement to treat you for your work injury. For instructions, see the written information about workers' compensation that your employer is required to give to new employees.

If You Get Hurt:

1. **Get Medical Care.** If you need emergency care, call 911 for help immediately from the hospital, ambulance, fire department or police department. If you need first aid, contact your employer.

Occupational Medicine Center

101 S. Patterson Avenue
Santa Barbara, CA 93111
805-898-3311

Monday-Friday: 8:00 am–5:00 pm

Urgent Care

Sansum Clinic
215 Pesetas Lane, Santa Barbara, CA 93110
805-563-6110

Monday-Friday: 5:00 pm–7:00 pm

Saturday: 9:00 am–5:00 pm

Sunday: 9:00 am–3:00 pm

Goleta Valley Cottage Hospital

351 S. Patterson Avenue
Santa Barbara, CA 93111
805-967-3411

Open 24 hours

2. **Report Your Injury.** Report the injury immediately to your supervisor or contact the Workers' Compensation Office at 805-893-4440. Create a Claim on the Employer's First Report website at <https://ehs.ucop.edu/efr/>. 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. Within one working day after you file a claim form, your employer or claims administration must authorize the provision of all treatment, up to ten thousand dollars, consistent with the applicable treatment guidelines, for your alleged injury until the claim is accepted or rejected.
3. **See Your Primary Treating Physician (PTP).** This is the doctor with overall responsibility for treating your injury or illness.
 - If you predesignated your personal physician or a medical group, you may see your personal physician or the medical group after you are injured.
 - If your employer is using a medical provider network (MPN) or a health care organization (HCO), in most cases you will be treated within the MPN or HCO unless you predesignated a personal physician or medical group. An MPN is a group of physicians and health care providers who provide treatment to workers injured on the job. You should receive information from your employer if you are covered by an HCO or a MPN. Contact your employer for more information.
 - If your employer is not using an MPN or HCO, in most cases the claims administrator can choose the doctor who first treats you when you are injured, unless you predesignated a personal physician or medical group.
4. **Medical Provider Networks.** Your employer may be using an MPN, which is a group of health care providers designated to provide treatment to workers injured on the job. If you have predesignated a personal physician or medical group prior to your work injury, then you may go there to receive treatment from your predesignated doctor. 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 below:

MPN website: (not applicable at UCSB)

MPN Effective Date: (not applicable at UCSB) MPN Identification number: (not applicable at UCSB)

If you need help locating an MPN physician, call your MPN access assistant at: (not applicable at UCSB)

If you have questions about the MPN or want to file a complaint against the MPN, call the MPN Contact Person at: (na at UCSB)

Discrimination. It is illegal for your employer to punish or fire you for having a work injury or illness, for filing a claim, or testifying in another person's workers' compensation case. If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

Questions? Learn more about workers' compensation by reading the information that your employer is required to give you at time of hire. If you have questions, see your employer or the claims administrator (who handles workers' compensation claims for your employer):

Claims Administrator Sedgwick CMS, PO Box 14533, Lexington, KY 40512-4533 Phone 858-636-6200; 866-265-0385 (toll free)

Workers' compensation insurer Self Insured (Enter "self-insured" if appropriate)

You can also get free information from a State Division of Workers' Compensation Information (DWC) & Assistance Officer. The nearest Information & Assistance Officer can be found by calling toll-free **(800) 736-7401**. Learn more information about workers' compensation online: www.dwc.ca.gov and access a useful booklet "Workers' Compensation in California: A Guidebook for Injured Workers."

False claims and false denials. 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 and may be fined and imprisoned.

Your employer may not be liable for the payment of workers' compensation benefits for any injury that arises from your voluntary participation in any **off-duty, recreational, social, or athletic activity** that is not part of your work-related duties.



Aviso a los Empleados—Lesiones Causadas por el Trabajo

Es posible que usted tenga derecho a beneficios de compensación de trabajadores si usted se lesiona o se enferma a causa de su trabajo. La compensación de trabajadores cubre la mayoría de las lesiones y enfermedades físicas o mentales relacionadas con el trabajo. Una lesión o enfermedad puede ser causada por un evento (como por ejemplo lastimarse la espalda en una caída) o por acciones repetidas (como por ejemplo lastimarse la muñeca por hacer el mismo movimiento una y otra vez).

Beneficios. Los beneficios de compensación de trabajadores incluyen:

- **Atención Médica:** Consultas médicas, servicios de hospital, terapia física, análisis de laboratorio, radiografías, medicinas, equipo médico y costos de viajar que son razonablemente necesarias para tratar su lesión. Usted nunca deberá ver un cobro. Hay límites para visitas quiroprácticas, de terapia física y de terapia ocupacional.
- **Beneficios por Incapacidad Temporal (TD):** Pagos si usted pierde sueldo mientras se recupera. Para la mayoría de las lesiones, beneficios de TD no se pagarán por más de 104 semanas dentro de cinco años después de la fecha de la lesión.
- **Beneficios por Incapacidad Permanente (PD):** Pagos si usted no se recupera completamente y si su lesión le causa una pérdida permanente de su función física o mental que un médico puede medir.
- **Beneficio Suplementario por Desplazamiento de Trabajo:** Un vale no-transferible si su lesión surge en o después del 1/1/04, y su lesión le ocasiona una incapacidad permanente, y su empleador no le ofrece a usted un trabajo regular, modificado, o alternativo.
- **Beneficios por Muerte:** Pagados a sus dependientes si usted muere a causa de una lesión o enfermedad relacionada con el trabajo.

Designación de su Propio Médico Antes de una Lesión o Enfermedad (Designación previa). Es posible que usted pueda elegir al médico que le atenderá en una lesión o enfermedad relacionada con el trabajo. Si es elegible, usted debe informarle al empleador, por escrito, el nombre y la dirección de su médico personal o grupo médico, *antes* de que usted se lesione. Usted debe de ponerse de acuerdo con su médico para que atienda la lesión causada por el trabajo. Para instrucciones, vea la información escrita sobre la compensación de trabajadores que se le exige a su empleador darles a los empleados nuevos.

Si Usted se Lastima:

1. **Obtenga Atención Médica.** Si usted necesita atención de emergencia, llame al 911 para ayuda inmediata de un hospital, una ambulancia, el departamento de bomberos o departamento de policía. Si usted necesita primeros auxilios, comuníquese con su empleador.

<u>Occupational Medicine Center</u> 101 S. Patterson Avenue Santa Barbara, CA 93111 805-898-3311 Lunes – Viernes :8:00 am–5:00 pm Sábado: Domingo:	<u>Urgent Care</u> Sansum Clinic 215 Pesetas Lane, Santa Barbara, CA 93110 805-563-6110 Lunes - Viernes: 5:00 pm–7:00 pm 9:00 am–5:00 pm 9:00 am–3:00 pm	<u>Goleta Valley Cottage Hospital</u> 351 S. Patterson Avenue Santa Barbara, CA 93111 805-967-3411 Abierto 24 horas
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2. **Reporte su Lesión.** Reporte la lesión inmediatamente a su supervisor o ponerse en contacto con la Oficina de Compensación para Trabajadores al 805-893-4440. Cree un Reclamo en el sitio web del Primer Informe del Empleador en <https://ehs.ucop.edu/efr/>. No tardes Hay límites de tiempo Si espera demasiado, puede perder su derecho a los beneficios. Su empleador debe proporcionarle un formulario de reclamo dentro de un día hábil después de enterarse de su lesión. Dentro de un día hábil después de que presente un formulario de reclamo, su empleador o la administración de reclamos debe autorizar la provisión de todo tratamiento, hasta diez mil dólares, de conformidad con las pautas de tratamiento aplicables, por su presunta lesión hasta que el reclamo sea aceptado o rechazado.
3. **Consulte al Médico que le está Atendiendo (PTP).** Este es el médico con la responsabilidad total de tratar su lesión o enfermedad.
 - Si usted designó previamente a su médico personal o grupo médico, usted puede consultar a su médico personal o grupo médico después de lesionarse.
 - Si su empleador está utilizando una Red de Proveedores Médicos (MPN) o una Organización de Cuidado Médico (HCO), en la mayoría de los casos usted será tratado dentro de la MPN o la HCO a menos que usted designó previamente un médico personal o grupo médico. Una MPN es un grupo de médicos y proveedores de atención médica que proporcionan tratamiento a trabajadores lesionados en el trabajo. Usted debe recibir información de su empleador si está cubierto por una HCO o una MPN. Hable con su empleador para más información.
 - Si su empleador no está utilizando una MPN o HCO, en la mayoría de los casos el administrador de reclamos puede escoger el médico que lo atiende primero, cuando usted se lesiona, a menos que usted designó previamente a un médico personal o grupo médico.
4. **Red de Proveedores Médicos (MPN):** Es posible que su empleador use una MPN, lo cual es un grupo de proveedores de asistencia médica designados para dar tratamiento a los trabajadores lesionados en el trabajo. **Si usted ha hecho una designación previa de un médico personal antes de lesionarse en el trabajo, entonces usted puede recibir tratamiento de su médico previamente designado.** Si usted está recibiendo tratamiento de parte de un médico que no pertenece a la MPN para una lesión existente, puede requerirse que usted se cambie a un médico dentro de la MPN. Para más información, vea la siguiente información de contacto de la MPN :

Página web de la MPN: (no aplicable en la UCSB). Fecha de vigencia de la MPN: (no aplicable en la UCSB) Número de identificación de la MPN: (no aplicable en la UCSB) Si usted necesita ayuda en localizar un médico de una MPN, llame a su asistente de acceso de la MPN al: (no aplicable en la UCSB) Si usted tiene preguntas sobre la MPN o quiere presentar una queja en contra de la MPN, llame a la Persona de Contacto de la MPN al: (no aplicable en la UCSB)

Discriminación. Es ilegal que su empleador le castigue o despidan por sufrir una lesión o enfermedad en el trabajo, por presentar un reclamo o por testificar en el caso de compensación de trabajadores de otra persona. De ser probado, usted puede recibir pagos por pérdida de sueldos, reposición del trabajo, aumento de beneficios y gastos hasta los límites establecidos por el estado.

¿Preguntas? Aprenda más sobre la compensación de trabajadores leyendo la información que se requiere que su empleador le dé cuando es contratado. Si usted tiene preguntas, vea a su empleador o al administrador de reclamos (que se encarga de los reclamos de compensación de trabajadores de su empleador):

Administrador de Reclamos Sedgwick CMS, PO Box 14533, Lexington, KY 40512-4533, Teléfono 858-636-6200; 866-265-0385 (número gratuito)

Asegurador del Seguro de Compensación de trabajador auto asegurado .(Anote “auto asegurado” si es apropiado)

Usted también puede obtener información gratuita de un Oficial de Información y Asistencia de la División Estatal de Compensación de Trabajadores. El Oficial de Información y Asistencia llamando al número gratuito **(800) 736-7401**. Usted puede obtener más información sobre la compensación del trabajador en el Internet en: www.dwc.ca.gov y acceder a una guía útil “Compensación del Trabajador de California Una Guía para Trabajadores Lesionados.”

Los reclamos falsos y rechazos falsos del reclamo. Cualquier persona que haga o que ocasione que se haga una declaración o una representación material intencionalmente falsa o fraudulenta, con el fin de obtener o negar beneficios o pagos de compensación de trabajadores, es culpable de un delito grave y puede ser multado y encarcelado.

Es posible que su empleador no sea responsable por el pago de beneficios de compensación de trabajadores para ninguna lesión que proviene de su participación voluntaria en cualquier **actividad fuera del trabajo, recreativa, social, o atlética** que no sea parte de sus deberes laborales.

Report Accidents, Claims & Injuries 24/7

WHEN TO REPORT AN ACCIDENT, CLAIM, OR INJURY

WORKERS' COMPENSATION	AUTO, PROPERTY & GENERAL LIABILITY
When an employee suffers a work-related injury, experiences a hazardous material exposure, or develops a work-related illness in the course and scope of UCSB employment	- When an employee is in an auto accident while driving on university business - When university property is stolen, damaged or destroyed - When an employee is injured in an auto accident see workers' comp reporting instructions

Report Workers' Compensation Claims Immediately Use Employer's First Report (EFR) ehs.ucop.edu/efr	Report General Liability Claims, Property Damage Claims & Auto Accidents Immediately Call 1-800-416-4029
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HOW TO REPORT AN ACCIDENT, CLAIM, OR INJURY

WORKERS' COMPENSATION	AUTO, PROPERTY & GENERAL LIABILITY
- Report all workers' comp injuries within 24 hrs. - Notify your supervisor/manager - Call x4440 if medical treatment is required - Report workers' comp injuries through the Employer's First Report (EFR). Create a Claim on ehs.ucop.edu/efr	- Report injuries, accidents, damage within 24 hrs. - Notify your supervisor/manager. - Gather as much info as possible (including photos) - Call 1-800-416-4029, the toll free hotline number to report auto accidents, property damage, or general liability claims. The hotline connects callers to UCSB's Claims Administrator, Sedgwick. - Operators are available 24/7 - Give your name, your campus, your division and your department name

EMERGENCY

Police

EHS has this poster
available. Contact 893-8243
to obtain copies

Fire Pull fire
alarm station

Medical

CSO Escort

EXT 2000

911

or

9-911

campus phones

893-3446

cell phones (campus only)

EXT 2661 v1

EMPLOYEE RIGHTS EMPLOYEE POLYGRAPH PROTECTION ACT

The Employee Polygraph Protection Act prohibits most private employers from using lie detector tests either for pre-employment screening or during the course of employment.

PROHIBITIONS

Employers are generally prohibited from requiring or requesting any employee or job applicant to take a lie detector test, and from discharging, disciplining, or discriminating against an employee or prospective employee for refusing to take a test or for exercising other rights under the Act.

EXEMPTIONS

Federal, State and local governments are not affected by the law. Also, the law does not apply to tests given by the Federal Government to certain private individuals engaged in national security-related activities.

The Act permits polygraph (a kind of lie detector) tests to be administered in the private sector, subject to restrictions, to certain prospective employees of security service firms (armored car, alarm, and guard), and of pharmaceutical manufacturers, distributors and dispensers.

The Act also permits polygraph testing, subject to restrictions, of certain employees of private firms who are reasonably suspected of involvement in a workplace incident (theft, embezzlement, etc.) that resulted in economic loss to the employer.

The law does not preempt any provision of any State or local law or any collective bargaining agreement which is more restrictive with respect to lie detector tests.

EXAMINEE RIGHTS

Where polygraph tests are permitted, they are subject to numerous strict standards concerning the conduct and length of the test. Examinees have a number of specific rights, including the right to a written notice before testing, the right to refuse or discontinue a test, and the right not to have test results disclosed to unauthorized persons.

ENFORCEMENT

The Secretary of Labor may bring court actions to restrain violations and assess civil penalties against violators. Employees or job applicants may also bring their own court actions.

**THE LAW REQUIRES EMPLOYERS TO DISPLAY THIS POSTER
WHERE EMPLOYEES AND JOB APPLICANTS CAN READILY SEE IT.**



WAGE AND HOUR DIVISION
UNITED STATES DEPARTMENT OF LABOR



1-866-487-9243
TTY: 1-877-889-5627
www.dol.gov/whd

WH1482 REV 07/16

UCSB INJURY & ILLNESS PREVENTION PROGRAM
APPENDIX 1:

**INJURY AND ILLNESS PREVENTION PROGRAM:
DEPARTMENTAL INFORMATION**

(Department Safety Representative: Complete and post a copy on Department Safety Bulletin Board and maintain copy in *UCSB Health and Safety Binder* for viewing by Cal-OSHA)

DEPARTMENT NAME: _____

BUILDING(S) NAME: _____

DEPARTMENT HEAD or CHAIRPERSON:

_____ PHONE: _____

This person has the authority and responsibility to implement the Injury and Illness Prevention Program.

This person is also responsible for designating a career employee and an alternate to assist the department in mandated health and safety program implementation as the Department Safety Representative.

MANAGEMENT SERVICES OFFICER (BUSINESS OFFICER):

_____ PHONE: _____

DEPARTMENT SAFETY REPRESENTATIVE:

_____ PHONE: _____

DEPARTMENT ALTERNATE SAFETY REPRESENTATIVE:

_____ PHONE: _____

Notice to Employees:

THIS EMPLOYER IS REGISTERED UNDER THE CALIFORNIA UNEMPLOYMENT INSURANCE CODE AND IS REPORTING WAGE CREDITS THAT ARE BEING ACCUMULATED FOR YOU TO BE USED AS A BASIS FOR:

UI

Unemployment Insurance

(funded entirely by employers' taxes)

When you are unemployed or working less than full time and are ready, willing, and able to work, you may be eligible to receive Unemployment Insurance (UI) benefits. There are three ways to file a claim:

Internet

File online with eApply4UI—the fast, easy way to file a UI claim! Access eApply4UI at <https://eapply4ui.edd.ca.gov/>.

Telephone

File by contacting a customer service representative at one of the toll-free numbers listed below:

English 1-800-300-5616	Spanish 1-800-326-8937
Cantonese 1-800-547-3506	Vietnamese 1-800-547-2058
Mandarin 1-866-303-0706	TTY (non voice) 1-800-815-9387

Mail or Fax

File by mailing or faxing UI Application, DE 1101I, by accessing the paper application online at www.edd.ca.gov/unemployment. The paper application can be filled out online and printed, or printed and completed by hand. Then the application can be mailed or faxed to an EDD office for processing.

Note: File promptly. If you delay in filing, you may lose benefits to which you would otherwise be entitled.

DI

Disability Insurance

(funded entirely by employees' contributions)

When you are unable to work or reduce your work hours because of sickness, injury, or pregnancy, you may be eligible to receive Disability Insurance (DI) benefits.

Your employer must provide a copy of Disability Insurance Provisions, DE 2515, to each newly hired employee and to each employee leaving work due to pregnancy or due to sickness or injury that is not job related.

To file a claim:

- **Online**, create an account at www.edd.ca.gov/disability. This is the easiest and fastest way to file a new claim and obtain claim status information.
- **By mail**, obtain the data capturing Claim for Disability Insurance Benefits (Optical Character Recognition), DE 2501, from your employer, physician/practitioner, hospital, by calling us at 1-800-480-3287, or online at www.edd.ca.gov/forms.

Note: If your employer maintains an approved Voluntary Plan for DI coverage, contact your employer for assistance.

FOR MORE INFORMATION ABOUT DI, PLEASE VISIT www.edd.ca.gov/disability OR
CONTACT DI CUSTOMER SERVICE BY PHONE AT 1-800-480-3287.
STATE GOVERNMENT EMPLOYEES SHOULD CALL 1-866-352-7675.
TTY (FOR DEAF OR HEARING-IMPAIRED INDIVIDUALS ONLY) IS AVAILABLE AT 1-800-563-2441.

PFL

Paid Family Leave

(funded entirely by employees' contributions)

When you stop working or reduce your work hours to care for a family member who is seriously ill or to bond with a new child, you may be eligible to receive Paid Family Leave (PFL) benefits.

Your employer must provide a copy of Paid Family Leave Program Brochure, DE 2511, to each newly hired employee and to each employee leaving work to care for a seriously ill family member or to bond with a new child.

To file a claim:

- **Online**, create an account at www.edd.ca.gov/disability. This is the easiest and fastest way to file a new claim.
- **By mail**, obtain the data capturing Claim for Paid Family Leave Benefits (Optical Character Recognition), DE 2501F, from your employer, physician/practitioner, hospital, by calling us at 1-877-238-4373, or online at www.edd.ca.gov/forms.

Note: If your employer maintains an approved Voluntary Plan for PFL coverage, contact your employer for assistance.

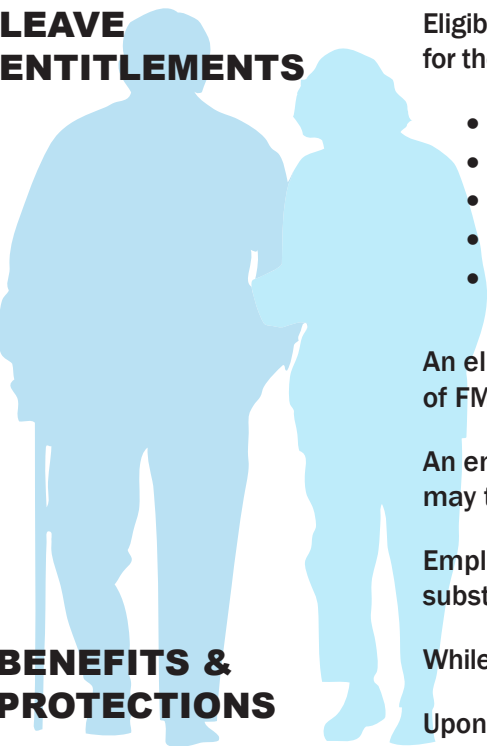
FOR MORE INFORMATION ABOUT PFL, PLEASE VISIT www.edd.ca.gov/disability OR
CONTACT CUSTOMER SERVICE BY PHONE AT 1-877-238-4373.
STATE GOVERNMENT EMPLOYEES SHOULD CALL 1-877-945-4747.
TTY (FOR DEAF OR HEARING-IMPAIRED INDIVIDUALS ONLY) IS AVAILABLE AT 1-800-445-1312.

NOTE: SOME EMPLOYEES MAY BE EXEMPT FROM COVERAGE BY THE ABOVE INSURANCE PROGRAMS.
IT IS ILLEGAL TO MAKE A FALSE STATEMENT OR TO WITHHOLD FACTS TO CLAIM BENEFITS.
FOR ADDITIONAL GENERAL INFORMATION, VISIT THE EDD WEBSITE AT www.edd.ca.gov.

EMPLOYEE RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

LEAVE ENTITLEMENTS



Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within 1 year of the child’s birth or placement);
- To care for the employee’s spouse, child, or parent who has a qualifying serious health condition;
- For the employee’s own qualifying serious health condition that makes the employee unable to perform the employee’s job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee’s spouse, child, or parent.

An eligible employee who is a covered servicemember’s spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer’s normal paid leave policies.

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual’s FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

BENEFITS & PROTECTIONS

ELIGIBILITY REQUIREMENTS

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee’s worksite.

*Special “hours of service” requirements apply to airline flight crew employees.

REQUESTING LEAVE

Generally, employees must give 30-days’ advance notice of the need for FMLA leave. If it is not possible to give 30-days’ notice, an employee must notify the employer as soon as possible and, generally, follow the employer’s usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

Once an employer becomes aware that an employee’s need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

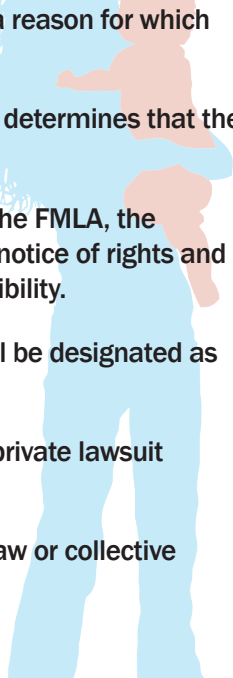
Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

EMPLOYER RESPONSIBILITIES

ENFORCEMENT



For additional information or to file a complaint:

1-866-4-USWAGE

(1-866-487-9243) TTY: 1-877-889-5627

www.dol.gov/whd

U.S. Department of Labor | Wage and Hour Division



ACCESS TO MEDICAL AND EXPOSURE RECORDS



BY CAL/OSHA REGULATION
- GENERAL INDUSTRY SAFETY ORDER 3204 -
YOU HAVE THE RIGHT TO SEE AND COPY:

- Your medical records and records of exposure to toxic substances or harmful physical agents.
- Records of exposure to toxic substances or harmful physical agents of other employees with work conditions similar to yours.
- Safety Data Sheets (SDS) or other information that exists for chemicals or substances used in the workplace, or which employees may be exposed.

THESE RECORDS ARE AVAILABLE AT: _____

Safety Data sheets available- <http://www.ehs.ucsb.edu/labsafety/msds> (Location)

FROM: _____
(Person Responsible)

A COPY OF THE GENERAL INDUSTRY SAFETY ORDER 3204
IS AVAILABLE FROM: _____

<https://www.dir.ca.gov/title8/3204.html>

The above information satisfies the requirements of GISO 3204 (g), which may be fulfilled by posting this placard in the workplace, or by any similar method the employer chooses.



www.dir.ca.gov/dosh/dosh1.html

January 2015

State of California
Department of Industrial Relations
Division of Occupational Safety and Health
1515 Clay Street, Suite 1901
Oakland, CA 94612
Phone: (510) 286-7000
Fax: (510) 286-7037

Equal Employment Opportunity is

THE LAW

Private Employers, State and Local Governments, Educational Institutions, Employment Agencies and Labor Organizations

Applicants to and employees of most private employers, state and local governments, educational institutions, employment agencies and labor organizations are protected under Federal law from discrimination on the following bases:

RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN

Title VII of the Civil Rights Act of 1964, as amended, protects applicants and employees from discrimination in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment, on the basis of race, color, religion, sex (including pregnancy), or national origin. Religious discrimination includes failing to reasonably accommodate an employee's religious practices where the accommodation does not impose undue hardship.

DISABILITY

Title I and Title V of the Americans with Disabilities Act of 1990, as amended, protect qualified individuals from discrimination on the basis of disability in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. Disability discrimination includes not making reasonable accommodation to the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee, barring undue hardship.

AGE

The Age Discrimination in Employment Act of 1967, as amended, protects applicants and employees 40 years of age or older from discrimination based on age in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment.

SEX (WAGES)

In addition to sex discrimination prohibited by Title VII of the Civil Rights Act, as amended, the Equal Pay Act of 1963, as amended, prohibits sex discrimination in the payment of wages to women and men performing substantially equal work, in jobs that require equal skill, effort, and responsibility, under similar working conditions, in the same establishment.

GENETICS

Title II of the Genetic Information Nondiscrimination Act of 2008 protects applicants and employees from discrimination based on genetic information in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. GINA also restricts employers' acquisition of genetic information and strictly limits disclosure of genetic information. Genetic information includes information about genetic tests of applicants, employees, or their family members; the manifestation of diseases or disorders in family members (family medical history); and requests for or receipt of genetic services by applicants, employees, or their family members.

RETALIATION

All of these Federal laws prohibit covered entities from retaliating against a person who files a charge of discrimination, participates in a discrimination proceeding, or otherwise opposes an unlawful employment practice.

WHAT TO DO IF YOU BELIEVE DISCRIMINATION HAS OCCURRED

There are strict time limits for filing charges of employment discrimination. To preserve the ability of EEOC to act on your behalf and to protect your right to file a private lawsuit, should you ultimately need to, you should contact EEOC promptly when discrimination is suspected.

The U.S. Equal Employment Opportunity Commission (EEOC), 1-800-669-4000 (toll-free) or 1-800-669-6820 (toll-free TTY number for individuals with hearing impairments). EEOC field office information is available at www.eeoc.gov or in most telephone directories in the U.S. Government or Federal Government section. Additional information about EEOC, including information about charge filing, is available at www.eeoc.gov.

The Division of Labor Standards Enforcement believes that the sample posting below meets the requirements of Labor Code Section 1102.8(a). This document must be printed to 8.5 x 14 inch paper with margins no larger than one-half inch in order to conform to the statutory requirement that the lettering be larger than size 14 point type.

WHISTLEBLOWERS ARE PROTECTED

It is the public policy of the State of California to encourage employees to notify an appropriate government or law enforcement agency, person with authority over the employee, or another employee with authority to investigate, discover, or correct the violation or noncompliance, and to provide information to and testify before a public body conducting an investigation, hearing or inquiry, when they have reason to believe their employer is violating a state or federal statute, or violating or not complying with a local, state or federal rule or regulation.

Who is protected?

Pursuant to [California Labor Code Section 1102.5](#), employees are the protected class of individuals. "Employee" means any person employed by an employer, private or public, including, but not limited to, individuals employed by the state or any subdivision thereof, any county, city, city and county, including any charter city or county, and any school district, community college district, municipal or public corporation, political subdivision, or the University of California. [[California Labor Code Section 1106](#)]

What is a whistleblower?

A "whistleblower" is an employee who discloses information to a government or law enforcement agency, person with authority over the employee, or to another employee with authority to investigate, discover, or correct the violation or noncompliance, or who provides information to or testifies before a public body conducting an investigation, hearing or inquiry, where the employee has reasonable cause to believe that the information discloses:

1. A violation of a state or federal statute,
2. A violation or noncompliance with a local, state or federal rule or regulation, or
3. With reference to employee safety or health, unsafe working conditions or work practices in the employee's employment or place of employment.

A whistleblower can also be an employee who refuses to participate in an activity that would result in a violation of a state or federal statute, or a violation of or noncompliance with a local, state or federal rule or regulation.

What protections are afforded to whistleblowers?

1. An employer may not make, adopt, or enforce any rule, regulation, or policy preventing an employee from being a whistleblower.
2. An employer may not retaliate against an employee who is a whistleblower.
3. An employer may not retaliate against an employee for refusing to participate in an activity that would result in a violation of a state or federal statute, or a violation or noncompliance with a state or federal rule or regulation.
4. An employer may not retaliate against an employee for having exercised his or her rights as a whistleblower in any former employment.

Under [California Labor Code Section 1102.5](#), if an employer retaliates against a whistleblower, the employer may be required to reinstate the employee's employment and work benefits, pay lost wages, and take other steps necessary to comply with the law.

How to report improper acts

If you have information regarding possible violations of state or federal statutes, rules, or regulations, or violations of fiduciary responsibility by a corporation or limited liability company to its shareholders, investors, or employees, **call the California State Attorney General's Whistleblower Hotline at 1-800-952-5225**. The Attorney General will refer your call to the appropriate government authority for review and possible investigation.



UNIVERSITY OF CALIFORNIA

**WHISTLEBLOWER
HOTLINE**
800-403-4744

universityofcalifornia.edu/hotline

What You Can Report:

Any activity by UC or a UC employee that;

- violates University policy
- violates a state or federal law or regulation, such as;
 - corruption
 - malfeasance
 - bribery
 - theft or misuse of government property
 - fraud
 - coercion
 - conversion
- wastes money, or
- involves gross misconduct, gross incompetence, or gross inefficiency.

Where To Report:

- Systemwide Whistleblower Hotline
800-403-4744
universityofcalifornia.edu/hotline
- Your Supervisor
- Whistleblower Coordinator/ Senior Investigator:
John.kushwara@audit.ucsb.edu (805) 893-4335
- Academic Personnel: Cindy Doherty
cindy.doherty@ap.ucsb.edu or (805) 893-8332
- UCOP Local HR: Cynthia Seneriz
cynthia.seneriz@hr.ucsb.edu or (510) 987-0840
- Locally Designated Official: Joel Michaelsen
Joel.michaelsen@ucsb.edu or (510) 987-0500

How To Report:

- In writing or orally
- With as much specific factual information as possible (Report what you know, but don't investigate—leave that to the experts!)
- Anonymously, if preferred

Confidentiality will be maintained, to the extent possible.

Protection from Retaliation:

If you believe you have been retaliated against for blowing the whistle on improper activity, you may file a complaint with your Locally Designated Official, your Human Resources Department, your Academic Personnel office or your supervisor.

For More Information:

The University's Whistleblower and Whistleblower Protection policies, and additional information, can be found online at <http://www.ucop.edu/uc-whistleblower/>.

Other Reporting Mechanisms:

- State Auditor's Whistleblower Hotline, at **800-952-5665**
www.auditor.ca.gov/hotline
- California Attorney General's Hotline, at **800-952-5225**
- You may also report fraud, waste & abuse involving specific federal programs directly:*
- Recovery Act Fraud Hotline (Misuse of Stimulus Spending), at **(877) 392-3375**
- Department of Defense Hotline, at **800-424-9098**
- Department of Homeland Security Hotline, at **800-323-8603**
- Rights & Remedies for Whistleblowers under the Federal Acquisition Regulation (FAR) Pilot Program — <http://ucal.us/far>
- Rights & Remedies for Whistleblowers under the Defense Federal Acquisition Regulation Supplement (DFARS) — <http://ucal.us/dfars>
- Enhanced Whistleblower Protection under the NASA Federal Acquisition Regulation Supplement (NFS) - <http://ucal.us/nasa>

CALIFORNIA LAW PROHIBITS WORKPLACE DISCRIMINATION AND HARASSMENT

The California Department of Fair Employment and Housing (DFEH) enforces laws that protect you from illegal discrimination and harassment in employment based on your actual or perceived:

- **Ancestry**
- **Age** (40 and above)
- **Color**
- **Disability** (physical and mental, including HIV and AIDS)
- **Genetic information**
- **Gender, gender identity, or gender expression**
- **Marital status**
- **Medical condition** (genetic characteristics, cancer or a record or history of cancer)
- **Military or veteran status**
- **National origin** (includes language use and possession of a driver's license issued to persons unable to prove their presence in the United States is authorized under federal law.)
- **Race**
- **Religion** (includes religious dress and grooming practices)
- **Sex** (includes pregnancy, childbirth, breastfeeding and/or related medical conditions)
- **Sexual orientation**

The California Fair Employment and Housing Act (Government Code sections 12900 through 12996) and its implementing regulations (California Code of Regulations, title 2, sections 11000 through 11141):

- **Prohibit harassment** of employees, applicants, unpaid interns, volunteers, and independent contractors by any persons and require employers to take all reasonable steps to prevent harassment. This includes a prohibition against sexual harassment, gender harassment, harassment based on pregnancy, childbirth, breastfeeding and/or related medical conditions, as well as harassment based on all other characteristics listed above.
- **Require that all employers provide information** to each of their employees on the nature, illegality, and legal remedies that apply to sexual harassment. Employers may either develop their own publications, which must meet standards set forth in California Government Code section 12950, or use a brochure from the DFEH.
- **Require employers with 50 or more employees and all public entities to provide sexual harassment and abusive conduct prevention training** for all supervisors.
- **Prohibit employers from limiting or prohibiting the use of any language** in any workplace unless justified by business necessity. The employer must notify employees of the language restriction and consequences for violation. Also prohibits employers from discriminating against an applicant or employee because he or she possesses a driver's license issued to a person who is unable to prove his or her presence in the United States is authorized under federal law.
- **Require employers to reasonably accommodate** an employee, unpaid intern, or job applicant's religious beliefs and practices, including the wearing or carrying of religious clothing, jewelry or artifacts, and hair styles, facial hair, or body hair, which are part of an individual's observance of his or her religious beliefs.
- **Require employers to reasonably accommodate employees or job applicants with a disability** to enable them to perform the essential functions of a job.

IF YOU HAVE THE RIGHT TO WORK, Don't let anyone take it away.



If you have a legal right to work in the United States, there are laws to protect you against discrimination in the workplace.

You should know that -

No employer can deny you a job or fire you because of your national origin or citizenship status.

In most cases employers cannot require you to be a U.S. citizen or permanent resident or refuse any legally acceptable documents.

If any of these things have happened to you, you may have a valid charge of discrimination that can be filed with the OSC. Contact the OSC for assistance in your own language.

Call 1-800-255-7688, TDD for the hearing impaired is 1-800-237-2515.

In the Washington, D.C., area, please call 202-616-5594, TDD 202-616-5525

Or write to:

U.S. Department of Justice
Office of Special Counsel - NYA
950 Pennsylvania Ave., N.W.
Washington, DC 20530

**U.S. Department of Justice
Civil Rights Division**

Office of Special Counsel for
Immigration-Related Unfair
Employment Practices



THIS POSTER MUST BE DISPLAYED WHERE EMPLOYEES CAN EASILY READ IT

(Poster may be printed on 8 ½" x 11" letter size paper)

HEALTHY WORKPLACES/HEALTHY FAMILIES ACT OF 2014
PAID SICK LEAVE

Entitlement:

- An employee who, on or after July 1, 2015, works in California for 30 or more days within a year from the beginning of employment is entitled to paid sick leave.
- Paid sick leave accrues at the rate of one hour per every 30 hours worked, paid at the employee's regular wage rate. Accrual shall begin on the first day of employment or July 1, 2015, whichever is later.
- Accrued paid sick leave shall carry over to the following year of employment and may be capped at 48 hours or 6 days. However, subject to specified conditions, if an employer has a paid sick leave, paid leave or paid time off policy (PTO) that provides no less than 24 hours or three days of paid leave or paid time off, no accrual or carry over is required if the full amount of leave is received at the beginning of each year in accordance with the policy.

Usage:

- An employee may use accrued paid sick days beginning on the 90th day of employment.
- An employer shall provide paid sick days upon the oral or written request of an employee for themselves or a family member for the diagnosis, care or treatment of an existing health condition or preventive care, or specified purposes for an employee who is a victim of domestic violence, sexual assault, or stalking.
- An employer may limit the use of paid sick days to 24 hours or three days in each year of employment.

Retaliation or discrimination against an employee who requests paid sick days or uses paid sick days or both is prohibited. An employee can file a complaint with the Labor Commissioner against an employer who retaliates or discriminates against the employee.

For additional information you may contact your employer or the local office of the Labor Commissioner. Locate the office by looking at the list of offices on our website <http://www.dir.ca.gov/dlse/DistrictOffices.htm> using the alphabetical listing of cities, locations, and communities. Staff is available in person and by telephone.

HAZARD REPORTING FORM

UCSB employees and students may use this form to report any unrecognized, or uncontrolled safety issues to Environmental Health & Safety. EH&S will investigate the safety issue to determine if mitigations are needed. Form can be submitted anonymously if desired. Employees are advised that it would be illegal for an employer to take any action against an employee in reprisal for exercising their rights to report safety issues.

EMPLOYEE'S NAME: _____
(optional)

DEPARTMENT: _____
(optional)

PHONE# AND/OR E-MAIL: _____
(optional)

UNSAFE CONDITION OR PRACTICE:

LOCATION: _____

SUGGESTION FOR IMPROVING SAFETY:

Has this matter been reported to your supervisor? Yes ____ No ____

FORWARD THIS FORM TO ENVIRONMENTAL HEALTH & SAFETY OR CALL X-4899

**FAMILY CARE AND MEDICAL LEAVE (CFRA LEAVE)
AND PREGNANCY DISABILITY LEAVE**

Under the California Family Rights Act of 1993 (CFRA), if you have more than 12 months of service with us and have worked at least 1,250 hours in the 12-month period before the date you want to begin your leave, you may have a right to family care or medical leave (CFRA leave). This leave may be up to 12 workweeks in a 12-month period for the birth, adoption, or foster care placement of your child or for your own serious health condition or that of your child, parent or spouse. While the law provides only unpaid leave, employees may choose or employers may require use of accrued paid leave while taking CFRA leave under certain circumstances.

Even if you are not eligible for CFRA leave, if you are disabled by pregnancy, childbirth or a related medical condition, you are entitled to take a pregnancy disability leave of up to four months, depending on your period(s) of actual disability. If you are CFRA-eligible, you have certain rights to take BOTH a pregnancy disability leave and a CFRA leave for reason of the birth of your child. Both leaves contain a guarantee of reinstatement—for pregnancy disability it is to the same position and for CFRA it is to the same or a comparable position—at the end of the leave, subject to any defense allowed under the law.

If possible, you must provide at least 30 days' advance notice for foreseeable events (such as the expected birth of a child or a planned medical treatment for yourself or of a family member). For events that are unforeseeable, we need you to notify us, at least verbally, as soon as you learn of the need for the leave. Failure to comply with these notice rules is grounds for, and may result in, deferral of the requested leave until you comply with this notice policy.

We may require certification from your health care provider before allowing you a leave for pregnancy disability or for your own serious health condition. We also may require certification from the health care provider of your child, parent or spouse, who has a serious health condition, before allowing you a leave to take care of that family member. When medically necessary, leave may be taken on an intermittent or reduced work schedule.

If you are taking a leave for the birth, adoption, or foster care placement of a child, the basic minimum duration of the leave is two weeks, and you must conclude the leave within one year of the birth or placement for adoption or foster care.

Taking a family care or pregnancy disability leave may impact certain of your benefits and your seniority date. If you want more information regarding your eligibility for a leave and/or the impact of the leave on your seniority and benefits, please contact _____.

**YOUR RIGHTS AND OBLIGATIONS AS A PREGNANT EMPLOYEE**

If you are pregnant, have a related medical condition, or are recovering from childbirth, **PLEASE READ THIS NOTICE.**

- California law protects employees against discrimination or harassment because of an employee's pregnancy, childbirth or any related medical condition (referred to below as "because of pregnancy"). California law also prohibits employers from denying or interfering with an employee's pregnancy-related employment rights.
- Your employer has an obligation to:
 - reasonably accommodate your medical needs related to pregnancy, childbirth or related conditions (such as temporarily modifying your work duties, providing you with a stool or chair, or allowing more frequent breaks);
 - transfer you to a less strenuous or hazardous position (where one is available) or duties if medically needed because of your pregnancy; and
 - provide you with pregnancy disability leave (PDL) of up to four months (the working days you normally would work in one-third of a year or 17 1/3 weeks) and return you to your same job when you are no longer disabled by your pregnancy or, in certain instances, to a comparable job. Taking PDL, however, does not protect you from non-leave related employment actions, such as a layoff.
 - provide a reasonable amount of break time and use of a room or other location in close proximity to the employee's work area to express breast milk in private as set forth in the Labor Code.
- For pregnancy disability leave:
 - PDL is not for an automatic period of time, but for the period of time that you are disabled by pregnancy. Your health care provider determines how much time you will need.
 - Once your employer has been informed that you need to take PDL, your employer must guarantee in writing that you can return to work in your same position if you request a written guarantee. Your employer may require you to submit written medical certification from your health care provider substantiating the need for your leave.
 - PDL may include, but is not limited to, additional or more frequent breaks, time for prenatal or postnatal medical appointments, doctor-ordered bed rest, severe morning sickness, gestational diabetes, pregnancy-induced hypertension, preeclampsia, recovery from childbirth or loss or end of pregnancy, and/or post-partum depression.
 - PDL does not need to be taken all at once but can be taken on an as-needed basis as required by your health care provider, including intermittent leave or a reduced work schedule, all of which counts against your four month entitlement to leave.
 - Your leave will be paid or unpaid depending on your employer's policy for other medical leaves. You may also be eligible for state disability insurance or Paid Family Leave (PFL), administered by the California Employment Development Department.
 - At your discretion, you can use any vacation or other paid time off during your PDL.