

GEORGIA LABOR LAW POSTINGS



VACATION UNEMPLOYMENT

VACATION UNEMPLOYMENT INSURANCE IS NOT PAYABLE

When you are on:

- Leave of absence at your own request
- Paid vacation
- Unpaid vacation, up to two weeks in a calendar year if provided by:
 - Employment contract or agreement, or by:
 - Established employer custom, practice, or policy; and
 - Announced at least 30 days before the beginning of the scheduled period

PARAGRAPH (3)(A) OF OCGA SECTION 34-8-195



Bruce Thompson
Commissioner of Labor

GDOL
GEORGIA DEPARTMENT
OF LABOR

DOL-154 (R-07-24)

WORKERS' COMPENSATION – BILL OF RIGHTS

WC-BILL OF RIGHTS

GEORGIA STATE BOARD OF WORKERS' COMPENSATION

BILL OF RIGHTS FOR THE INJURED WORKER

As required by law, O.C.G.A. §34-8-1.1, this is a summary of your rights and responsibilities. The Workers' Compensation Law provides you, as a worker in the State of Georgia, with certain rights and responsibilities should you be injured on the job. The Workers' Compensation Law provides you coverage for a work-related injury even if an injury occurs on the first day on the job. In addition to rights, you also have certain responsibilities. Your rights and responsibilities are described below.

Employee's Rights

- If you are injured on the job, you may receive medical rehabilitation and income benefits. These benefits are provided to help you return to work. Your dependents may also receive benefits if you die as a result of a job-related injury.
- Your employer is required to post a list of at least six doctors or the names of the certified WC/MCO that provides you medical care, unless the Board has specified an exception. You may choose a doctor from the list and make arrangements to another doctor on the list without the permission of your employer. However, in an emergency, you may get temporary medical care from any doctor until the emergency is over, then you must get treatment from a doctor on the posted list.
- Your authorized doctor bills, hospital bills, rehabilitation in some cases, physical therapy, prescriptions, and necessary travel expenses will be paid if injury was caused by an accident on the job. All injuries occurring on or before June 30, 2013 shall be entitled to lifetime medical benefits. If your accident occurred on or after July 1, 2013 medical treatment shall be limited to a maximum of 400 weeks from the accident date. If your injury is catastrophic in nature you may be entitled to lifetime medical benefits.
- You are entitled to weekly income benefits if you have more than seven days of lost time due to an injury. Your first check should be mailed to you within 21 days after the first day you missed work. If you are out more than 21 consecutive days due to your injury, you will be paid for the first week.
- Accidents are classified as being either catastrophic or non-catastrophic. Catastrophic injuries are those involving amputations, severe paralysis, severe head injuries, severe burns, blindness, or a nature and severity that prevents the employee from being able to perform his or her prior work and any work available in substantial numbers within the national economy. Catastrophic injuries are paid for 52 consecutive weeks or two-thirds of your average weekly wage but not more than \$800 per week for a job-related injury for as long as you are unable to return to work. You are also entitled to receive medical and vocational rehabilitation benefits to help in recovering from your injury. If you need help in this area call the State Board of Workers' Compensation at (404) 656-0849.
- In all other cases (non-catastrophic), you are entitled to receive two-thirds of your average weekly wage but not more than \$800 per week for a job related injury. You will receive these weekly benefits as long as you are totally disabled, but no longer than 400 weeks. If you are not working and it is determined that you have been capable of performing work with restrictions for 52 consecutive weeks or 78 aggregate weeks, your weekly income benefits will be reduced to two-thirds of your average weekly wage but no more than \$533.33 per week, not to exceed 350 weeks.
- When you are able to return to work, but can only get a lower paying job as a result of your injury, you are entitled to a weekly benefit of not more than \$533.33 per week for no longer than 350 weeks.
- Your dependents, in the event you die as a result of an on-the-job accident, will receive burial expenses up to \$7,500 and two-thirds of your average weekly wage, but not more than \$800 per week. A widowed spouse with no children will be paid a maximum of \$320,000. Benefits continue until he/she remarries or openly cohabits with a person of the opposite sex.
- If you do not receive benefits when due, the insurance carrier/employer must pay a penalty, which will be added to your payments.

The State Board of Workers' Compensation will provide you with information regarding how to file a claim and will answer any other questions regarding your rights under the law. If you are calling the Atlanta area the telephone number is (404) 656-3818, outside the metro Atlanta area call 1-800-533-0682, or write the State Board of Workers' Compensation at 270 Peachtree Street, N.W., Atlanta, Georgia 30303-1299 or visit our website: <http://www.sbcc.georgia.gov>. A lawyer is not needed to file a claim with the Board; however, if you think you need a lawyer and do not have your own personal lawyer, you may contact the Lawyer Referral Service at (404) 521-0777 or 1-800-334-6865.

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT [https://www.sbcc.georgia.gov](http://www.sbcc.georgia.gov)
WILFULLY MAKING A FALSE STATEMENT FOR THE PURPOSE OF OBTAINING OR DENYING BENEFITS IS A CRIME SUBJECT TO PENALTIES OF UP TO \$10,000.00 PER VIOLATION (O.C.G.A. §34-9-18 AND §34-9-19).

REVISION 07/2023

WC-BILL OF RIGHTS

UNEMPLOYMENT INSURANCE

UNEMPLOYMENT INSURANCE FOR EMPLOYEES

Your job with this employer is covered by Georgia Employment Security Laws. You may be able to establish a claim for Unemployment Insurance if you become **TOTALLY** or **PARTIALLY** unemployed through no fault of your own and comply with all eligibility requirements.

IMPORTANT: You may file a claim for Unemployment Insurance benefits via the internet at dol.georgia.gov. You may also file a claim in person at any Georgia Department of Labor (GDOL) career center listed below.

Georgia Employment Security Laws state for each week you request unemployment benefits, you must:

- BE UNEMPLOYED, ABLE to work, AVAILABLE for work, ACTIVELY SEEKING WORK, and be willing to accept suitable work immediately.
- Register for employment services at worksourcegeorgia.com.
- Report weekly work search contacts, all gross earnings each week, and any job refusal.

NOTICE

Employers cannot deduct any money from employees' paychecks to pay unemployment insurance tax. The funding for unemployment insurance benefits comes from taxes paid by employers.

OFFICES WHERE UNEMPLOYMENT INSURANCE CLAIMS MAY BE FILED

ATLANTA
ALBANY
AMERICUS
ATHENS
AUGUSTA
BLAZER
BRUNSWICK
CARROLLTON
CARTERSVILLE
CLAYTON COUNTY
COBB/CHEROKEE
COLUMBUS
COVINGTON
DALTON
DEADERICK
DOUGLAS
DUBLIN
GAINESVILLE
GRIMM
GWINNETT COUNTY
HOUSTON COUNTY
LAGRANGE
MACON
MILLERVILLE
MOULTRIE
ROME
SAVANNAH
STATESBORO
THOMASVILLE
TIFTON
TOCCOA
VALDOSTA
VIDALIA
WAYCROSS



Bruce Thompson
Commissioner of Labor

GDOL
GEORGIA DEPARTMENT
OF LABOR

DOL-810 (R-07-24)

An Equal Opportunity Employer Program
Auxiliary Aids & Services Available Upon Request to Individuals with Disabilities

WORKERS' COMPENSATION – PANEL OF PHYSICIANS

(This posting only applies if your employer chose a panel of physicians to provide medical care for injured employees.)

(This notice must be posted in a conspicuous place readily accessible to the employees at all times.)

PANEL OF PHYSICIANS OFFICIAL NOTICE

This business operates under the Georgia Workers' Compensation Law.

WORKERS MUST REPORT ALL ACCIDENTS IMMEDIATELY TO THE EMPLOYER BY ADVISING THE EMPLOYER PERSONALLY, AN AGENT, REPRESENTATIVE, BOSS, SUPERVISOR, OR FOREMAN.

If a worker is injured at work, the employer shall pay medical and rehabilitation expenses within the limits of the law. In some cases the employer will also pay a part of the worker's lost wages. Work injuries and occupational diseases should be reported in writing whenever possible. The worker may lose the right to receive compensation if an accident is not reported within 30 days (see O.C.G.A. § 34-9-80).

The employer will supply free of charge, upon request, a form for reporting accidents and will also furnish, free of charge, information about workers' compensation. The employer will also furnish to the employee, upon request, copies of board forms on file with the employer pertaining to an employee's claim.

A worker injured on the job must select a doctor from the list below. The minimum panel shall consist of at least six physicians, including an orthopedic surgeon with no more than two physicians from industrial clinics (see O.C.G.A. § 34-9-201). Further, this panel shall include one minority physician, whenever feasible (see Rule 201 for definition of minority physician). The Board may grant exceptions to the required size of the panel where it is demonstrated that more than four physicians are not reasonably accessible. One change to another doctor from the list may be made without permission. Further changes require the permission of the employer or the State Board of Workers' Compensation.

The insurance company providing coverage for this business under the Workers' Compensation Law is:

Insurer Name: _____ Phone: _____
Address: _____
Insurer Email: _____

Instructions to injured worker: Review the following physician's contact information and select the provider with whom you would like to receive medical treatment.

Physician's Contact Information: Name, Address, Phone, and website listed below:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.

(Additional doctors may be added on a separate sheet)

This box is checked if additional physicians are listed on separate sheet.

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT [https://sbwc.georgia.gov](http://sbwc.georgia.gov)
Willfully making a false statement for the purpose of obtaining or denying benefits is a crime subject to penalties of up to \$10,000.00 per violation (O.C.G.A. §34-9-18 and §34-9-19).

WC-P1 (7/2023)

FAIR EMPLOYMENT

EQUAL PAY FOR EQUAL WORK ACT

POLICY

The General Assembly of Georgia hereby declares that the practice of discriminating on the basis of sex by paying wages to employees of one sex at a lesser rate than the rate paid to employees of the opposite sex for comparable work on jobs which require the same or essentially the same knowledge, skill, effort and responsibility unjustly discriminates against the person receiving the lesser rate.

It is hereby declared to be the policy of the State of Georgia through the exercise of the police power of this State to correct and, as rapidly as possible, to eliminate discriminatory wage practices based on sex.

PROHIBITION OF DISCRIMINATION

No employer having employees subject to any provisions of this section shall discriminate, within any establishment in which such employees are employed, between employees on the basis of sex by paying wages at a rate less than the rate paid to the opposite sex, EXCEPT WHERE SUCH PAYMENT IS MADE PURSUANT TO:

1. A seniority system;
2. A merit system;
3. A system which measures earnings by quantity or quality of production, or
4. A differential based on any other factor other than SEX: Provided, that an employer who is paying a wage rate differential in violation of this subsection shall not, in order to comply with the provisions of this subsection, reduce the wage rate of any employee.

It shall also be unlawful for any person to cause or attempt to cause an employer to discriminate against any employee in violation of the provisions of this Chapter.

It shall be unlawful for any person to discharge or in any other manner discriminate against any employee covered by this Chapter because such employee has made a complaint against the employer or any other person or has instituted or caused to be instituted any proceeding under or related to this Chapter or has testified or is about to testify in any such proceedings. Any person who violates any provision of this Code section shall, upon conviction thereof, be punished by a fine not to exceed \$100.00. (OCGA Section 34-5-3.)

FOR INFORMATION ON EQUAL PAY FOR EQUAL WORK ACT, CONTACT:
Georgia Department of Labor
Office of Equal Opportunity
148 Andrew Young International Blvd., N.E.
Atlanta, Georgia 30303-1751
Phone: 1-877-709-8185

WORKERS' COMPENSATION – MANAGED CARE ORGANIZATION
(This posting only applies if your employer contracted with a workers' compensation managed care organization to provide medical care for injured employees.)

(This notice must be posted in a conspicuous place readily accessible to the employee at all times.)

MANAGED CARE ORGANIZATION PROCEDURES OFFICIAL NOTICE

This business operates under the Georgia Workers' Compensation Law.

WORKERS MUST REPORT ALL ACCIDENTS IMMEDIATELY TO THE EMPLOYER BY ADVISING THE EMPLOYER PERSONALLY, AN AGENT, REPRESENTATIVE, BOSS, SUPERVISOR, OR FOREMAN.

If a worker is injured at work, the employer shall pay medical and rehabilitation expenses within the limits of the law. In some cases the employer will also pay a part of the worker's lost wages. Work injuries and occupational diseases should be reported in writing whenever possible. The worker may lose the right to receive compensation if an accident is not reported within 30 days (see O.C.G.A. § 34-9-80).

The employer will supply free of charge, upon request, a form for reporting accidents and will also furnish, free of charge, information about workers' compensation. The employer will also furnish to the employee, upon request, copies of board forms on file with the employer pertaining to an employee's claim.

The insurance company providing coverage for this business under the Workers' Compensation Law is:

Insurer Name: _____ phone: _____
address: _____
Insurer Email: _____

Your employer has enrolled with the certified Workers' Compensation Managed Care Organization (WC/MCO) listed below to provide all the necessary medical treatment for workers' compensation injuries. The effective date is shown below. If you had an injury prior to the effective date listed below you may continue to receive treatment from your current non-participating authorized physician until you elect to utilize the services of the WC/MCO.

Each employee will be furnished with a publication which explains in detail how to access the services of the WC/MCO and provides a complete list of the medical providers available. In addition, each employee will be given a wallet-sized card which contains information on the services of the WC/MCO including a 24-hour toll-free phone number with recorded messages of information on how to utilize these services.

NAME OF WC/MCO _____

MAILING ADDRESS _____

GEOGRAPHICAL SERVICE AREA _____

NAME OF CONTACT PERSON _____

PHONE NUMBER OF CONTACT PERSON _____

ADDRESS OF CONTACT PERSON _____

24-HOUR TOLL-FREE PHONE NUMBER _____

EFFECTIVE DATE OF WC/MCO _____

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT [https://sbwc.georgia.gov](http://sbwc.georgia.gov)
Willfully making a false statement for the purpose of obtaining or denying benefits is a crime subject to penalties of up to \$10,000.00 per violation (O.C.G.A. § 34-9-18 and § 34-9-19).

WC-P3 (7/2022)