

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 by
 - Established EMPLOYER CUSTOM, PRACTICE, OR POLICY

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

GEORGIA DEPARTMENT OF LABOR

DOL-154 (R-10-23)

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. §34-9-81.1, 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.

- | <u>Employee's Rights</u> | <u>Employee's Responsibilities</u> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. 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. | 1. You should follow written rules of safety and other reasonable policies and procedures of the employer. |
| 2. Your employer is required to post a list of at least six doctors or the name of the certified WC/MCO that provides medical care, unless the Board has granted an exception. You may choose a doctor from the list and make one change 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. | 2. You must report any accident immediately, but not later than 30 days after the accident, to your employer, your employer's representative, your foreman or immediate supervisor. Failure to do so may result in the loss of the benefits. |
| 3. 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. | 3. An employee has a continuing obligation to cooperate with medical providers in the course of their treatment for work related injuries. You must accept reasonable medical treatment and rehabilitation services when ordered by the State Board of Workers' Compensation or the Board may suspend your benefits. |
| 4. 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. | 4. No compensation shall be allowed for an injury or death due to the employee's willful misconduct. |
| 5. 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 of 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. In catastrophic cases, you are entitled to receive 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 also are 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. | 5. You must notify the insurance carrier/employer of your address when you move to a new location. You should notify the insurance carrier/employer when you are able to return to full-time or part-time work and report the amount of your weekly earnings because you may be entitled to some income benefits even though you have returned to work. |
| 6. 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. | 6. A dependent spouse of a deceased employee shall notify the insurance carrier/employer upon change of address or remarriage. |
| 7. 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. | 7. You must attempt a job approved by the authorized treating physician even if the pay is lower than the job you had when you were injured. If you do not attempt the job, your benefits may be suspended. |
| 8. Your dependent(s), in the event you die as a result of an on-the-job accident, will receive a burial expense 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. | 8. If you believe you are due benefits and your insurance carrier/employer denies these benefits, you must file a claim within one year after the date of last authorized medical treatment or within two years of your last payment of weekly benefits or you will lose your right to these benefits. |
| 9. If you do not receive benefits when due, the insurance carrier/employer must pay a penalty, which will be added to your payments. | 9. If your dependent(s) do not receive allowable benefit payments, the dependent(s) must file a claim with the State Board of Workers' Compensation within one year after your death or lose the right to these benefits. |
| | 10. Any request for reimbursement to you for mileage or other expenses related to medical care must be submitted to the insurance carrier/employer within one year of the date the expense was incurred. |
| | 11. If an employee unjustifiably refuses to submit to a drug test following an on-the-job injury, there shall be a presumption that the accident and injury were caused by alcohol or drugs. If the presumption is not overcome by other evidence, any claim for workers' compensation benefits would be denied. |
| | 12. You shall be guilty of a misdemeanor and upon conviction shall be punished by a fine of not more than \$10,000.00 or imprisonment, up to 12 months, or both, for making false or misleading statements when claiming benefits. Also, any false statements or false evidence given under oath during the course of any administrative or appellate division hearing is perjury. |

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 in 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: <https://www.sbwc.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.

UNEMPLOYMENT INSURANCE



UNEMPLOYMENT INSURANCE FOR EMPLOYEES

Your job with this employer is covered by the Employment Security Law. 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 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.

THE GEORGIA EMPLOYMENT SECURITY LAW STATES FOR EACH WEEK YOU CLAIM UNEMPLOYMENT BENEFITS YOU MUST:

- Be UNEMPLOYED, ABLE to work, AVAILABLE for work, ACTIVELY SEEKING WORK, and be willing to immediately accept suitable work.
- Register for employment services with the Georgia Department of Labor.
- Report weekly work search contacts, all 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 | CARROLLTON | DOUGLAS | HOUSTON COUNTY | STATESBORO |
| ALBANY | CARTERSVILLE | DUBLIN | LAFAYETTE | THOMASVILLE |
| AMERICUS | CLAYTON COUNTY | EASTMAN | LAGRANGE | THOMSON |
| ATHENS | COBB/CHEROKEE | GAINESVILLE | MACON | TIFTON |
| AUGUSTA | COLUMBUS | GRIFFIN | MILLEDGEVILLE | TOCCOA |
| BAINBRIDGE | COVINGTON | GIWNETT COUNTY | MOULTREE | VALDOSTA |
| BLUE RIDGE | DALTON | HABERSHAM AREA | ROME | VIDALIA |
| BRUNSWICK | DEKALB | HINESVILLE | SAVANNAH | WAYCROSS |

GEORGIA DEPARTMENT OF LABOR

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

DOL-810 (R-10-23)

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.

(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://www.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).

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

FOR ADDITIONAL POSTERS PHONE: (404) 232-3392

POST IN PROMINENT PLACE AS REQUIRED BY LAW

Georgia Department of Labor
Bruce Thompson, Commissioner

An Equal Opportunity Employer/Program

DOL-4107 (R-10-23)

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

address _____ phone _____

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://www.sbwc.georgia.gov>

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