TO: Personnel Management Liaisons (PML)

This memorandum should be forwarded to:

- Personnel Officers
- Personnel Transaction Supervisors
- Return to Work Coordinators
- Health and Safety Officers

FROM: Department of Personnel Administration
Benefits Division

CONTACT: Keith Mentzer, Workers’ Compensation Manager
(916) 445-9792
Fax: (916) 324-3213
Email: keith.mentzer@dpa.ca.gov

According to Labor Code 3363.5, public employers may choose to extend workers' compensation coverage to volunteers that perform services for the organization. Workers' compensation coverage is not mandatory for volunteers as it is for employees.

This PML is specific to the legally uninsured State agencies participating in the Master Agreement. Agencies with an insurance policy for workers’ compensation coverage should contact their State Compensation Insurance Fund (State Fund) office to discuss the status of volunteers.

Workers’ compensation is a no-fault system, and with few exceptions, the exclusive remedy for injuries and illnesses suffered while working. If your volunteers are covered, they will be entitled to the same benefits as any of your paid staff. Workers’ compensation benefits are finite and limited to medical, disability, and retraining costs associated with a specific impairment.

If your volunteers are excluded from workers’ compensation coverage, they can seek remedy in the civil court system. The court may award compensation for pain and suffering plus other damages. While the volunteer must prove fault, the civil awards are often much higher than the corresponding workers’ compensation benefits.

If your agency has volunteers, please notify State Fund of your determination whether or not to extend workers’ compensation coverage to your volunteers by March 1, 2012. Thereafter, review your determination and update your notification to State Fund annually, or whenever there is a significant change to your volunteer program.

If your agency has a governing board, they need to adopt a resolution to extend workers' compensation coverage to volunteers. Documentation concerning the resolution should be included when notifying State Fund. Departments are encouraged to communicate this information to their volunteers as soon as possible.
A sample letter is included at the end of this PML that can be used to notify State Fund of your determination regarding your volunteers. The letter must be signed by the agency director or equivalent.

The letter should be mailed to:  
State Contract Services – Sacramento  
Frank Floyd, Program Manager  
2450 Venture Oaks Way, Suite 500  
Sacramento, CA 95833

With a copy to:  
Department of Personnel Administration  
Benefits, Workers’ Compensation Program  
1515 S Street, North Building, Suite 400  
Sacramento, CA 95811

/s/Greg Beatty

Greg Beatty  
Chief, Benefits Division
SAMPLE LETTER

(DATE)

State Contract Services - Sacramento
Frank Floyd, Program Manager
State Compensation Insurance Fund
2450 Venture Oaks Way, Suite 500
Sacramento, CA 95833

Dear Mr. Floyd,

Volunteers at (DEPARTMENT OR AGENCY NAME) (ARE/ARE NOT) deemed to be employees of the (AGENCY, BOARD, DEPARTMENT, or COMMISSION) for workers’ compensation purposes.

The (DEPARTMENT OR AGENCY NAME) currently has approximately (NUMBER) volunteers under its supervision.

Sincerely,

(NAME)
(TITLE and CONTACT INFORMATION)

cc: Department of Personnel Administration
Benefits Division, Workers’ Compensation Program
1515 S Street, North Building, Suite 400
Sacramento CA 95811