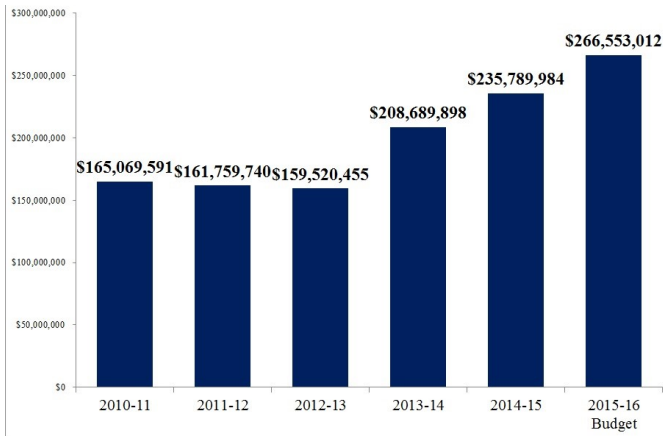


Bargaining Team Studies District Budget Through the Years

District Income Increases with LCFF

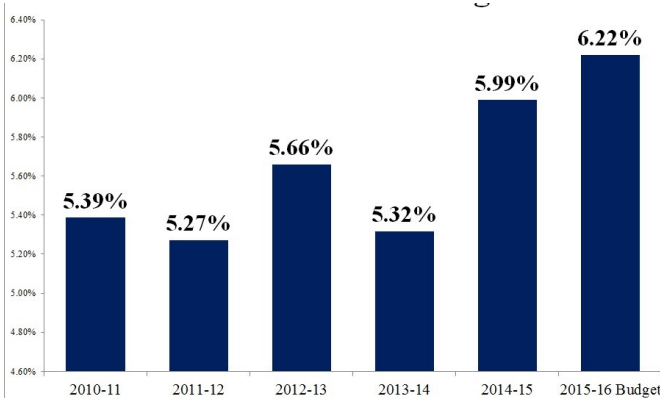


The MTA Bargaining Team has reviewed MUSD budgets and expenditures over the past few years. While the District has experienced continuing declining enrollment, the funds allocated by the State to the District have increased. **This year, the District will receive \$30 million more in ongoing funds than it did last year.**

The Local Control Funding Formula (LCFF) includes additional concentration and supplemental grants which allocate more money to districts which educate large numbers of English learners, foster youth, and students living in poverty. The fundamental principle of LCFF is that students who start with less will receive more resources toward their education.

However, according to documents produced by the District, less of the total District funds are going to direct services to students such as teachers, counselors, nurses, and psychologists.

Allocation to Administrators Increases



I Was Injured at Work!

How Does Workers' Comp. Work?

Workers' Compensation is the no fault insurance program for occupational injuries. The program is heavily regulated by the State of California.

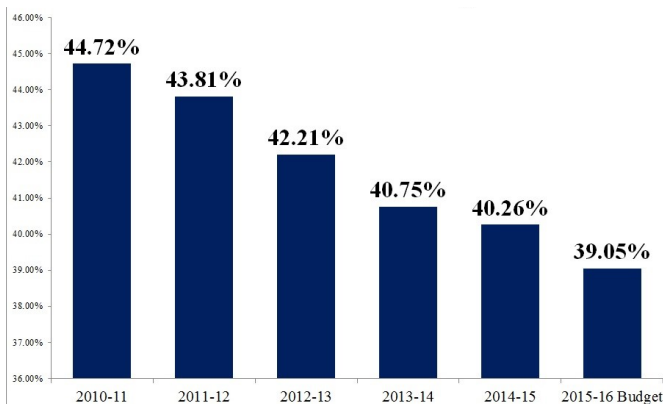
If you are injured at work, notify your principal/supervisor as soon as possible. After that, contact "Company Nurse."

The District contracts with "Company Nurse" for the reporting and access to immediate appropriate medical treatment. Information on "Company Nurse" is listed at www.Montebello.k12.ca.us. Go to "Departments" and then to "Risk Management" and on to "Workers' Compensation." The phone number for "Company Nurse" is 877.518.6703.

You may also contact an attorney. The Association refers to GEKLAW. Clients do not pay any fees until recovery is made. Information is available at 213.386.1671 or www.geklaw.com.

You may predesignate a personal physician. In the event that you sustain an injury or illness related to your employment, you may be treated by your personal medical doctor under the conditions listed on the back of this *Contact*. The District requires that the predesignation be current.

And, MTA Sees a Dramatic Decrease



PREDESIGNATION OF PERSONAL PHYSICIAN

In the event you sustain an injury or illness related to your employment, you may be treated for such injury or illness by your personal medical doctor (M.D.), doctor of osteopathic medicine (D.O.) or medical group if:

- on the date of your work injury you have health care coverage for injuries or illnesses that are not work related;
- the doctor is your regular physician, who shall be either a physician who has limited his or her practice of medicine to general practice or who is a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner, and has previously directed your medical treatment, and retains your medical records;
- your "personal physician" may be a medical group if it is a single corporation or partnership composed of licensed doctors of medicine or osteopathy, which operates an integrated multispecialty medical group providing comprehensive medical services predominantly for nonoccupational illnesses and injuries;
- prior to the injury your doctor agrees to treat you for work injuries or illnesses;
- prior to the injury you provided your employer the following in writing: (1) notice that you want your personal doctor to treat you for a work-related injury or illness, and (2) your personal doctor's name and business address.

You may use this form to notify your employer if you wish to have your personal medical doctor or a doctor of osteopathic medicine treat you for a work-related injury or illness and the above requirements are met.

NOTICE OF PREDESIGNATION OF PERSONAL PHYSICIAN

Employee: Complete this section.

To: _____ (name of employer) If I have a work-related injury or illness, I choose to be treated by:

(name of doctor)(M.D., D.O., or medical group)

(street address, city, state, ZIP)

(telephone number)

Employee Name (please print):

Employee's Address:

Name of Insurance Company, Plan, or Fund providing health coverage for nonoccupational injuries or illnesses:

Employee's Signature _____ Date: _____

Physician: I agree to this Predesignation:

Signature: _____ Date: _____

(Physician or Designated Employee of the Physician or Medical Group)

The physician is not required to sign this form, however, if the physician or designated employee of the physician or medical group does not sign, other documentation of the physician's agreement to be predesignated will be required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3).

Title 8, California Code of Regulations, section 9783.