



LAUSD Business Services Division
Food Services Division
333 S. Beaudry Ave, 28th floor
Los Angeles, CA 90017

Date: _____
Employee Name and employee number: _____
Employer: Los Angeles Unified School District School: _____
School Location Code: _____ Date of Injury: _____
Claim #: _____

Dear LAUSD Food Services Employee:

Sedgwick Claims Management Services, Inc. is (would be) handling your Workers' Compensation claim on behalf of the Los Angeles Unified School District.

This letter will serve to formally acknowledge your request to withdraw or to not file a claim for workers' compensation benefits **at this time**. If you have an open claim, no benefits will be paid at this time and your claim file will be closed. If you do not have a claim on file for the above injury, none will be filed at this time.

However, you can file it at a later time should you feel need treatment. "You have one (1) year from the date of the injury or in accordance with what is provided in California Labor Code 5405 to pursue your claim."

The State of California requires that you be given the following information: If you want further information, you may receive recorded information by calling the State Information and Assistance Office at 1-800-736-7401. You may also consult with and be represented by an attorney.

Please acknowledge receipt of this letter by signing below and by returning the original copy to your supervisor or to Human Resources, Food Services Division, LAUSD, FAX Number 213-241-8476.

If you have an open claim and have questions, please contact Sedgwick at 1 866-247-2287.

Sincerely,

Food Services Division Human Resources

I acknowledge that I have been informed of my right to file a claim and seek medical attention for my injury but I am choosing not to seek them at this time.

Employee's signature Date