



CALIFORNIA
FAIR SERVICES
AUTHORITY

CALIFORNIA FAIR SERVICES AUTHORITY

R.O. BOX 15518 * SACRAMENTO, CA 95852-0518 * (916) 263-6172 OR (916) 263-6174 FAX (916) 263-6159

TEMPORARY DISABILITY VERIFICATION OF STATE EMPLOYEE

INJURED	SOCIAL SECURITY NUMBER	CLAIM NUMBER
DATE OF INJURY	DAA	(AREA) TELEPHONE

1. Daily temporary disability rate is \$ _____.
2. Injured is/was temporarily disabled:
 - A. Approved dates: _____ through _____.
(including waiting period)
 - B. Number of days approved: _____.
 - C. Hospitalized? Yes No
3. Date(s) not disabled due to injury: _____ through _____.
4. Has injured been released to return to work? Yes No Date: _____.
5. Date expected to be released to return to work: _____.
6. Other _____

Thank You,

Workers' Compensation Claims Department

Date

A JOINT POWERS AUTHORITY
COMPRISED OF THE STATE
OF CALIFORNIA DEPARTMENT
OF FOOD & AGRICULTURE,
THE COUNTIES OF BUTTE,
HUMBOLDT, LASSEN, MADERA,
MENDOCINO, MERCED,
MONTEREY, PLACER, PLUMAS,
SAN BENITO, SAN JOAQUIN,
SAN MATEO, SANTA CLARA,
SOLANO, SONOMA, AND
TRINITY, AND THE CALIFORNIA
EXPOSITION AND STATE FAIR.