Company Name: _____

Store #: _____

Address: _____

NOTICE TO EMPLOYEE

California Labor Code Section 2810.5

EMPLOYEE

Employee Name: _____

Start Date: _____

EMPLOYER

Legal Name of Hiring Employer: _____

Is the hiring employer a staffing agency/business, professional employer organization (PEO), or similar entity?

☐ Yes ☐ No

Other Names Hiring Employer is doing business as (if applicable): _____

Physical Address of Main Office: _____

Mailing Address (if different): _____

Telephone Number: _____

If the hiring employer is a staffing agency/business or similar entity, identify the other entity for whom the employee will perform work:

Name: _____

Physical Address of Main Office: _____

Mailing Address: _____

Telephone Number: _____

WAGE INFORMATION

Rate(s) of Pay: _____ **Overtime Rate(s) of Pay:** _____

Rate by (check all that apply):

☐ Hour ☐ Shift ☐ Day ☐ Week ☐ Salary ☐ Piece Rate ☐ Commission ☐ Other

If Other, describe: _____

☐ A written agreement exists providing the rate(s) of pay.

Allowances, if any, claimed as part of minimum wage (including meal or lodging allowances):

_____

Regular Payday: _____

Company Name: _____

Store #: _____

Address: _____

NOTICE TO EMPLOYEE

California Labor Code Section 2810.5

WORKERS' COMPENSATION

Insurance Carrier's Name: _____

Address: _____

Telephone Number: _____

Policy Number: _____

☐ Self-Insured - Certificate Number for Consent to Self-Insure: _____

PAID SICK LEAVE

Unless exempt, the employee identified on this notice is entitled to minimum paid sick leave rights under California law. The employer must provide paid sick leave under a lawful accrual, front-load, or other compliant method and may not retaliate against an employee for requesting or using accrued paid sick leave.

Employer's paid sick leave method (check one):

☐ Accrual method that meets or exceeds California minimum requirements.
☐ Front-load method providing the required amount of paid sick leave at the beginning of each applicable 12-month period.
☐ Employer policy that provides equal or greater paid sick leave benefits and complies with California law.
☐ Employee is exempt from paid sick leave requirements under an applicable statutory exemption.

California's statewide minimum generally requires at least 40 hours or five days of paid sick leave per year, subject to statutory rules, accrual/carryover provisions, and applicable local laws that may require more.

EMERGENCY OR DISASTER DISCLOSURE

☐ There is a state or federal emergency or disaster declaration applicable to the county or counties where the employee will work, issued within 30 days before the employee's first day, that may affect the employee's health and safety.

If checked, describe the emergency/disaster and how it may affect health or safety:

_____

_____

ACKNOWLEDGMENT OF RECEIPT

Employer Representative Name: _____ **Employee Name:** _____

Employer Representative Signature: _____ **Employee Signature:** _____

Date: _____ **Date:** _____

The employee's signature on this notice constitutes acknowledgment of receipt only. The employer must provide written notice of changes to the information required by Labor Code section 2810.5 within the time required by law, unless an applicable exception applies.