

NOTICE TO EMPLOYEE

Labor Code section 2810.5

Earned Sick Leave and Minimum Wage Employee Notification Form

EMPLOYEE

Employee Name: _____

Start Date: _____

EMPLOYER

Legal Name of Hiring Employer: _____ Associated Students of SDSU

Is hiring employer a staffing agency/business (e.g., Temporary Services Agency; Employee Leasing Company; or Professional Employer Organization [PEO])? Yes No

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

Physical Address of Hiring Employer's Main Office:
5500 Campanile Drive, San Diego, CA 92182-7800

Hiring Employer's Mailing Address (if different than above):

Hiring Employer's Telephone Number: (619) 594-6555

If the hiring employer is a staffing agency/business (above box checked "Yes"), the following is the other entity for whom this 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 box): Hour Shift Day Week Salary Piece rate Commission

Other (provide specifics): _____

Does a written agreement exist providing the rate(s) of pay? (check box) Yes No

If yes, are all rate(s) of pay and bases thereof contained in that written agreement? Yes No

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

(If the employee has signed the acknowledgement of receipt below, it does not constitute a "voluntary written agreement" as required under the law between the employer and employee in order to credit any meals or lodging against the minimum wage. Any such voluntary written agreement must be evidenced by a separate document.)

Regular Payday: Every other Friday @ 8 a.m.

WORKER'S COMPENSATION

Insurance Carrier's Name: Sedgwick CMS
Address: P.O. Box 14479, Lexington, KY 40512-4479
Telephone Number: (916) 851-8058
Policy No.: N/A
 Self-Insured (Labor Code 3700) and Certificate Number for Consent to Self-Insure: A-5558-23-011

PAID SICK LEAVE (California and San Diego)

As of July 11, 2016, San Diego employers must:

- Pay no less than \$10.50 per hour and provide paid sick leave to all employees who perform at least two (2) hours of work in one work week within the geographic boundaries of the City of San Diego.
- Allow employees to begin using accrued sick leave after the ninetieth (90) day of employment or after July 11, 2016, whichever is later.
- Post the Earned Sick Leave and Minimum Wage notices published each year by the City in a conspicuous place at workplace or job site where employees work.
- Create contemporaneous records documenting employees' wages earned and accrual and use of earned sick leave. These records must be provided to employees on a regular basis and retained by employer for at least three (3) years.
- Allow Enforcement Official reasonable access to the workplace to inspect and interview witnesses in furtherance of an investigation.

Employee Rights:

- Employees have the right to accrue, use, and request paid sick leave in accordance with the Healthy Workplaces, Healthy Families Act or the Earned Sick Leave and Minimum Wage Ordinance.
- Employees who assert any rights provided in the Healthy Workplaces, Healthy Families Act or the Earned Sick Leave and Minimum Wage Ordinance are protected from termination and/or retaliation.
- Employees may file a civil lawsuit against their employers for any violation of the Ordinance, may file a complaint for any violation of the Ordinance with the City of San Diego Enforcement Office, or may file a complaint with the Division of Labor Standards Enforcement for any violation of the Healthy Workplaces, Healthy Families Act.

If you have questions, need additional information, or believe your employer has violated any provision of the Ordinance, please contact your employer, or visit the City of San Diego Minimum Wage Enforcement Office website at <https://www.sandiego.gov/treasurer/minimum-wage-program> or contact the City of San Diego's Minimum Wage Program via email at SDMinWage@sandiego.gov or via fax at (619) 533-3320.

The following method of paid sick leave applies to the employee identified on this notice: (Check one box)

- 1. Accrues paid sick leave only pursuant to the minimum requirements stated in Labor Code § 245 *et seq.* and San Diego Municipal Code § 39.0105 *et seq.* with no other employer policy providing additional or different terms for accrual and use of paid sick leave.
- 2. Accrues paid sick leave pursuant to the employer's policy, benefit, or CBA that satisfies or exceeds the accrual, carryover, and use requirements of Labor Code § 246 and San Diego Municipal Code § 39.0105(g).
- 3. Allots no less than 48 hours (or 5 days) of paid sick leave at the beginning of each 12-month period in accordance with Labor Code § 245 *et seq.* and San Diego Municipal Code § 39.0105 *et seq.*

ACKNOWLEDGEMENT OF RECEIPT

(PRINT NAME of Employer representative)

(PRINT NAME of Employee)

(SIGNATURE of Employer Representative)

(SIGNATURE of Employee)

(Date)

(Date)

The employee's signature on this notice merely constitutes acknowledgement of receipt.

Labor Code section 2810.5(b) requires that the employer notify you in writing of any changes to the information set forth in this Notice within seven calendar days after the time of the changes, unless one of the following applied: (a) All changes are reflected on a timely wage statement furnished in accordance with Labor Code section 226; (b) Notice of all changes is provided in another writing required by law within seven days of the changes.