



ADVICE SOLUTIONS LITIGATION

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THE EMPLOYERS' LAWYERS

EMPLOYMENT POLICIES AND FORMS REQUIRED AND RECOMMENDED IN CALIFORNIA

FEBRUARY, 2026

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*The attached material must not be considered legal advice.
The sample forms and policies are for educational purposes only. We strongly
recommend that you consult with legal counsel before adopting or implementing any
of the attached sample forms and policies to avoid potential liability.*

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Every CA employer having more than one employee must have a written sexual harassment prevention policy and distribute the pamphlet on Sexual Harassment or its equivalent.

Every CA employer must have a written Lactation Policy.

Every CA employer must provide the form Notice to Employee pursuant to Labor Code Section 2810.5 for every non-exempt employee hired after January 1, 2012. A new form became effective January 1, 2015, consistent with the effective date of July 1, 2015, for the Healthy Workplaces Healthy Families Act which requires CA employer to provide sick leave benefits. (Please see our website for our article on the issue).

Every CA employer must keep a record of actual hours worked, and meal periods must also be recorded for all non-exempt employees. The Meal and Rest Period Policy reflects CA law after the CA Supreme Court decision in Brinker.

The Semi-Monthly Time Sheet allows CA employers to comply with the recording of hours worked including the recording of meal periods. The statement at the end protects the employer from employees later claiming off the clock hours, unpaid overtime, missed rest period and missed meal periods.

EMPLOYEE RELATIONS POLICY WITH ACKNOWLEDGMENT

A. POLICY AGAINST DISCRIMINATION

_____ (the “Company”) is committed to providing a work environment that is free of discrimination. In keeping with this commitment, the Company maintains a strict policy prohibiting unlawful discrimination and retaliation. This policy applies to all employees of the Company, including supervisors and non-supervisory employees. The policy also prohibits unlawful discrimination and retaliation by non-employees of the Company with whom employees come into contact, including clients, customers, vendors and any other person doing business with the Company.

All aspects of employment with the Company will be governed on the basis of merit, competence and qualifications and will not be influenced in any manner by an individual’s race (including hair texture and protective hairstyles, such as braids, locks and twists), ancestry, color, religious creed (including religious dress and grooming practices), national origin, marital status, sex (including sexual harassment), sexual orientation, gender, gender identity, gender expression, disability (physical or mental including HIV/AIDS diagnosis), pregnancy (including breastfeeding and conditions related to breastfeeding), medical condition (cancer and genetic characteristics), age (40 or over), military and veteran status, or exercising the right to any legally provided leave of absence in the application of any policy, practice, rule or regulation.

All decisions made with respect to recruiting and hiring, evaluations and promotions for all job classifications will be based solely on individual qualifications as related to the requirements of the position. Likewise, all other personnel matters such as compensation, benefits, transfers, lay-offs, training, educational opportunities and programs will be administered free from any illegal discriminatory practices.

B. POLICY AGAINST HARASSMENT, INCLUDING SEXUAL HARASSMENT

The Company is also committed to providing a work environment that is free of harassment, including sexual harassment.

Sexual harassment includes:

1. Unwanted sexual advances;
2. Offering employment benefits in exchange for sexual favors;
3. Making or threatening reprisals after a negative response to sexual advances;
4. Visual conduct: leering, making sexual gestures, displaying of sexually suggestive objects or pictures, cartoons or posters;
5. Verbal conduct: making or using derogatory comments, epithets, slurs, and jokes;
6. Verbal sexual advances or propositions;
7. Verbal abuse of a sexual nature, graphic verbal commentaries about an individual’s body, sexually degrading words used to describe an individual, suggestive or obscene letters, notes, or invitations;

8. Physical conduct: touching, assault, impeding or blocking movement; and

9. Further, the Company prohibits abusive conduct (“bullying”): Any form of abusive conduct by an employee in the workplace, with malice, that a reasonable person would find hostile, offensive, and unrelated to the Company’s business interest.

C. COMPLAINT AND INVESTIGATION PROCEDURE

Any form of discrimination, retaliation or harassment, including sexual harassment, is absolutely prohibited. Any incident of possible discrimination, retaliation or harassment should be brought immediately to the attention of the Human Resources Department of the Company, either verbally or in writing, which will thoroughly investigate the matter. Supervisors who receive complaints of discrimination, retaliation or harassment from their employees are required to forward those complaints to the Human Resources Department.

The Company will conduct a fair, impartial, and thorough investigation by qualified personnel that provides all parties appropriate due process. The investigation shall be conducted confidentially to the extent confidentiality is possible. The Company will document and track the progress of the investigation. The Company will make a reasonable determination, after reviewing all the evidence collected, concerning whether misconduct occurred. The investigation will be completed in a timely manner and the employee who filed the complaint will receive a timely response. If misconduct is found to have occurred, appropriate remedial measures will be taken. Disciplinary action, up to and including discharge, will be taken against any employee who is found to have engaged in conduct prohibited by this policy.

No employee shall be subjected to any form of retaliation for reporting any violation of this policy truthfully and in good faith, or for participating in any investigation conducted pursuant to this policy.

HARASSMENT BY NON-EMPLOYEES

In addition, the Company will take all reasonable steps to prevent or eliminate sexual harassment by non-employees including customers, clients and suppliers who are likely to have workplace conduct with our employees.

EMPLOYEE RELATIONS POLICY ACKNOWLEDGMENT

I have read and received a copy of the Company’s Employee Relations Policy, including the policies against discrimination, retaliation and harassment, including sexual harassment, and fully understand my obligations and responsibilities as outlined therein.

Signed: _____

Date: _____

Witness: _____

Date: _____

POLÍTICA DE RELACIONES DE EMPLEADOS CON RECONOCIMIENTO

A. POLÍTICA CONTRA LA DISCRIMINACIÓN

La Compañía está comprometida a proveer un ambiente libre de discriminación. Para cumplir con este compromiso, la Compañía mantiene una política estricta prohibiendo la discriminación y las represalias ilegales. Esta política se aplica a todos los empleados de la Compañía, incluyendo supervisores y empleados que no son de supervisión. La política también prohíbe la discriminación y el acoso de parte de personas que no son empleadas por la Compañía y con las cuales los empleados tienen contacto, incluyendo clientes, suministradores, vendedores y cualquier otra persona que haga negocio con la Compañía.

Todos los aspectos del empleo con la Compañía se regirán sobre la base del mérito, habilidad y cualificaciones y no se verán influenciados de ninguna manera por la raza de un individuo (incluyendo la textura del cabello y los peinados protegidos, como trenzas, mechones, y giros o rizos), ascendencia, color, credo religioso (incluyendo ropa religiosa y prácticas de aseo), origen nacional, estado civil, sexo (incluyendo acoso sexual), orientación sexual, género, identidad de género, expresión de género, incapacidad (física y mental incluyendo diagnóstico del VIH/SIDA), embarazo (incluida la lactancia materna y condiciones relacionadas con la lactancia materna), la adopción de decisiones en materia de salud reproductiva (incluidas las decisiones de utilizar o acceder a un medicamento, dispositivo, producto o servicio médico en particular para la salud reproductiva), condición médica (cáncer y características genéticas), edad (40 o más), estado militar y veterano, ejerciendo el derecho a cualquier permiso de ausencia legalmente proporcionado en la aplicación de cualquier política, práctica, regla o regulación, o cualquier otra clasificación protegida por la ley.

Todas las decisiones hechas acerca de reclutamiento y empleo, evaluaciones y promociones para todas las clasificaciones de trabajo serán basadas solamente en las capacidades individuales relacionadas a los requisitos de la posición. Igualmente, todos los demás asuntos del personal como compensación, beneficios, transferencias, despido temporal, entrenamiento, oportunidades y programas educativos serán administrados libres de cualquier práctica discriminatoria ilegal.

B. POLÍTICA CONTRA EL HOSTIGAMIENTO, INCLUYENDO ACOSO SEXUAL

La Compañía también está comprometida a proveer un ambiente de trabajo libre de hostigamiento, incluyendo el acoso sexual.

Acoso sexual incluye:

1. Avances sexuales no deseados;
2. Ofrecer beneficios de empleo a cambio de favores sexuales;
3. Tomar o amenazar de tomar represalias después de recibir una respuesta negativa a un avance sexual;
4. Conducta visual: mirada de reojo lasciva; gestos sexuales; desplegar objetos o retratos, caricaturas o carteles sexualmente sugestivos;
5. Conducta verbal: hacer o usar comentarios, epítetos, calumnias o chistes derogatorios;
6. Avances o proposiciones sexuales verbales;

7. Abuso verbal de naturaleza sexual, comentarios gráficos verbales acerca del cuerpo de un individuo, palabras sexualmente degradantes usadas para describir a un individuo, cartas, notas o invitaciones obscenas o sugestivas;
8. Conducta física: tocar, asaltar, impedir u obstruir el movimiento; y
9. Además, la Compañía prohíbe la conducta abusiva ("bullying"): Cualquier forma de conducta abusiva por un empleado en el lugar de trabajo, con malicia, que una persona razonable encontraría hostil, ofensivo y sin relación al interés de negocio de la Compañía.

C. PROCEDIMIENTO DE QUEJA E INVESTIGACIÓN

Cualquier tipo de discriminación, represalia u hostigamiento, incluyendo el acoso sexual, es absolutamente prohibido. Cualquier incidente de discriminación, represalia u hostigamiento debe ser comunicado inmediatamente al Gerente de Ofician/Departamento de Recursos Humanos de la Compañía, ya sea verbalmente o por escrito, el cual investigará el asunto meticulosamente. Supervisores que reciben quejas de discriminación, represalias u hostigamiento de un empleado están requeridos enviar esas quejas al Gerente de Oficina/Departamento de Recursos Humanos.

La Compañía llevará a cabo una investigación justa, imparcial y exhaustiva a través de personal cualificado que provee proceso debido (due process) a todas las partes. La investigación será realizada de manera confidencial hasta el punto de que la confidencialidad es posible. La Compañía documentará y estará al tanto del proceso de la investigación. La Compañía hará una determinación razonable, después de revisar todas las pruebas, sobre si es que conducta inapropiada ocurrió. La investigación se completará en forma oportuna y el empleado que presento la queja recibirá una respuesta oportuna. Si se determina que conducta inapropiada sucedió, se tomará las medidas correctivas apropiadas. Se tomará medidas disciplinarias, hasta e incluyendo la descarga de empleo, contra cualquier empleado que se determine haber participado en conducta prohibida por esta política.

Ningún empleado será sujeto a alguna forma de represalia por reportar honestamente y en buena fe una violación de esta política, o por participar en una investigación conducida de acuerdo a esta política.

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HOSTIGAMIENTO O ACOSO POR MEDIO DE NO-EMPLEADOS

Adicionalmente, la Compañía tomará todos los pasos razonables para prevenir o eliminar el acoso sexual por parte de no-empleados incluyendo clientes, vendedores y suministradores que tengan contacto de trabajo con nuestros empleados.

RECONOCIMIENTO DE LA POLÍTICA DE RELACIONES DE EMPLEADOS

Yo he recibido y leído una copia de la Política de Relaciones de Empleados de la Compañía, incluyendo las políticas en contra de la discriminación, la represalia y el hostigamiento, incluyendo el acoso sexual, y entiendo completamente mis obligaciones y responsabilidades bajo esta política.

Firma: _____ Fecha: _____

Testigo: _____ Fecha: _____

SEXUAL HARASSMENT

FACT SHEET



Civil Rights
Department
STATE OF CALIFORNIA

Sexual harassment is a form of discrimination based on sex/gender (including pregnancy, childbirth, or related medical conditions), gender identity, gender expression, or sexual orientation. Individuals of any gender can be the target of sexual harassment. Unlawful sexual harassment does not have to be motivated by sexual desire. Sexual harassment may involve harassment of a person of the same gender as the harasser, regardless of either person's sexual orientation or gender identity.

THERE ARE TWO TYPES OF SEXUAL HARASSMENT

1. **“Quid pro quo”** (Latin for “this for that”) sexual harassment is when someone conditions a job, promotion, or other work benefit on your submission to sexual advances or other conduct based on sex.
2. **“Hostile work environment”** sexual harassment occurs when unwelcome comments or conduct based on sex unreasonably interferes with your work performance or creates an intimidating, hostile, or offensive work environment. You may experience sexual harassment even if the offensive conduct was not aimed directly at you.

The harassment must be severe or pervasive to be unlawful. A single act of harassment may be sufficiently severe to be unlawful.

SEXUAL HARASSMENT INCLUDES MANY FORMS OF OFFENSIVE BEHAVIORS

BEHAVIORS THAT MAY BE SEXUAL HARASSMENT:

1. Unwanted sexual advances
2. Offering employment benefits in exchange for sexual favors
3. Leering; gestures; or displaying sexually suggestive objects, pictures, cartoons, or posters
4. Derogatory comments, epithets, slurs, or jokes
5. Graphic comments, sexually degrading words, or suggestive or obscene messages or invitations
6. Physical touching or assault, as well as impeding or blocking movements

Actual or threatened retaliation for rejecting advances or complaining about harassment is also unlawful.

Employees or job applicants who believe that they have been sexually harassed or retaliated against may file a complaint of discrimination with CRD within three years of the last act of harassment or retaliation.

CRD serves as a neutral fact-finder and attempts to help the parties voluntarily resolve disputes. If CRD finds sufficient evidence to establish that discrimination occurred and settlement efforts fail, the Department may file a civil complaint in state or federal court to address the causes of the discrimination and on behalf of the complaining party. CRD may seek court orders changing the employer's policies and practices, punitive damages, and attorney's fees and costs if it prevails in litigation. Employees can also pursue the matter through a private lawsuit in civil court after a complaint has been filed with CRD and a Right-to-Sue Notice has been issued.

EMPLOYER RESPONSIBILITY & LIABILITY

All employers, regardless of the number of employees, are covered by the harassment provisions of California law. Employers are liable for harassment by their supervisors or agents. All harassers, including both supervisory and non-supervisory personnel, may be held personally liable for harassment or for aiding and abetting harassment. The law requires employers to take reasonable steps to prevent harassment. If an employer fails to take such steps, that employer can be held liable for the harassment. In addition, an employer may be liable for the harassment by a non-employee (for example, a client or customer) of an employee, applicant, or person providing services for the employer. An employer will only be liable for this form of harassment if it knew or should have known of the harassment, and failed to take immediate and appropriate corrective action.

Employers have an affirmative duty to take reasonable steps to prevent and promptly correct discriminatory and harassing conduct, and to create a workplace free of harassment.

A program to eliminate sexual harassment from the workplace is not only required by law, but it is the most practical way for an employer to avoid or limit liability if harassment occurs.

SEXUAL HARASSMENT

FACT SHEET



Civil Rights
Department
STATE OF CALIFORNIA

CIVIL REMEDIES

- Damages for emotional distress from each employer or person in violation of the law
- Hiring or reinstatement
- Back pay or promotion
- Changes in the policies or practices of the employer

ALL EMPLOYERS MUST TAKE THE FOLLOWING ACTIONS TO PREVENT HARASSMENT AND CORRECT IT WHEN IT OCCURS:

1. Distribute copies of this brochure or an alternative writing that complies with Government Code 12950. This pamphlet may be duplicated in any quantity.
2. Post a copy of the Department's employment poster entitled "California Law Prohibits Workplace Discrimination and Harassment."
3. Develop a harassment, discrimination, and retaliation prevention policy in accordance with 2 CCR 11023. The policy must:
 - Be in writing.
 - List all protected groups under the FEHA.
 - Indicate that the law prohibits coworkers and third parties, as well as supervisors and managers with whom the employee comes into contact, from engaging in prohibited harassment.
 - Create a complaint process that ensures confidentiality to the extent possible; a timely response; an impartial and timely investigation by qualified personnel; documentation and tracking for reasonable progress; appropriate options for remedial actions and resolutions; and timely closures.
 - Provide a complaint mechanism that does not require an employee to complain directly to their immediate supervisor. That complaint mechanism must include, but is not limited to including: provisions for direct communication, either orally or in writing, with a designated company representative; and/or a complaint hotline; and/or access to an ombudsperson; and/or identification of CRD and the United States Equal Employment Opportunity Commission as additional avenues for employees to lodge complaints.
 - Instruct supervisors to report any complaints of misconduct to a designated company representative, such as a human resources manager, so that the company can try to resolve the claim internally. Employers with 50 or more employees are required to

include this as a topic in mandated sexual harassment prevention training (see 2 CCR 11024).

- Indicate that when the employer receives allegations of misconduct, it will conduct a fair, timely, and thorough investigation that provides all parties appropriate due process and reaches reasonable conclusions based on the evidence collected.
- Make clear that employees shall not be retaliated against as a result of making a complaint or participating in an investigation.

4. Distribute its harassment, discrimination, and retaliation prevention policy by doing one or more of the following:

- Printing the policy and providing a copy to employees with an acknowledgement form for employees to sign and return.
- Sending the policy via email with an acknowledgment return form.
- Posting the current version of the policy on a company intranet with a tracking system to ensure all employees have read and acknowledged receipt of the policy.
- Discussing policies upon hire and/or during a new hire orientation session.
- Using any other method that ensures employees received and understand the policy.

5. If the employer's workforce at any facility or establishment contains ten percent or more of persons who speak a language other than English as their spoken language, that employer shall translate the harassment, discrimination, and retaliation policy into every language spoken by at least ten percent of the workforce.

6. In addition, employers who do business in California and employ 5 or more part-time or full-time employees must provide at least one hour of training regarding the prevention of sexual harassment, including harassment based on gender identity, gender expression, and sexual orientation, to each non-supervisory employee; and two hours of such training to each supervisory employee. Training must be provided within six months of assumption of employment. Employees must be trained every two years. Please see Gov. Code 12950.1 and 2 CCR 11024 for further information.

TO FILE A COMPLAINT

Civil Rights Department

calcivilrights.ca.gov/complaintprocess

Toll Free: 800.884.1684

TTY: 800.700.2320

CRD-185-ENG / September 2022

ACOSO SEXUAL

HOJA DE INFORMACIÓN



Civil Rights
Department
STATE OF CALIFORNIA

El acoso sexual es una forma de discriminación por motivos de sexo/género (incluyendo embarazo, parto o condiciones médicas relacionadas), identidad de género, expresión de género y orientación sexual. Personas de cualquier género pueden ser víctimas de acoso sexual. No necesariamente el acoso sexual ilegal está motivado por el deseo sexual. El acoso sexual puede ser a una persona del mismo género que el del acosador, sin importar la orientación sexual o la identidad de género de la persona.

HAY DOS TIPOS DE ACOSO SEXUAL

- 1. El acoso sexual *quid pro quo*** (en latín, “esto por eso”) es cuando alguien condiciona un trabajo, ascenso u otro beneficio laboral a la sumisión a insinuaciones sexuales u otra conducta sexual.
- 2. El acoso sexual en un “ambiente de trabajo hostil”** es cuando comentarios o conductas sexuales no deseados interfieren sin razón en el desempeño laboral o crean un entorno de trabajo intimidante, hostil u ofensivo. Puede recibir acoso sexual incluso si la conducta ofensiva no estaba dirigida directamente a usted.

El acoso debe ser grave o generalizado para ser ilegal. Un solo acto de acoso puede ser lo suficientemente grave para ser ilegal.

EL ACOSO SEXUAL INCLUYE MUCHAS FORMAS DE CONDUCTAS OFENSIVAS

CONDUCTAS QUE PUEDEN SER ACOSO SEXUAL:

- 1.** Insinuaciones sexuales no deseadas
- 2.** Ofrecimiento de beneficios laborales a cambio de favores sexuales
- 3.** Miradas lascivas, gestos o exhibición de objetos, imágenes, dibujos animados o carteles sexualmente sugerentes
- 4.** Comentarios, epítetos, insultos o chistes despectivos
- 5.** Comentarios gráficos, palabras sexualmente degradantes, o mensajes o invitaciones sugerentes u obscenos
- 6.** Contacto o agresión física e impedimento o bloqueo de movimientos

Las represalias reales o las amenazas de represalias por rechazar insinuaciones o por quejarse de acoso también son conductas ilegales.

Los empleados o postulantes que creen que fueron acosados sexualmente o que recibieron represalias pueden presentar una queja por discriminación ante el CRD en un plazo de tres años desde el último acto de acoso o represalia. El CRD funciona como un buscador neutral de hechos e intenta ayudar a que las partes resuelvan las disputas voluntariamente. Si el CRD encuentra pruebas suficientes para determinar que hubo discriminación y los esfuerzos por llegar a un acuerdo no funcionan, el Departamento puede presentar una denuncia civil ante un tribunal estatal o federal para tratar las causas de la discriminación y en defensa de la parte demandante. El CRD puede pedir órdenes judiciales que cambien las políticas y prácticas del empleador, daños punitivos y los honorarios y costos de abogados si gana el litigio. Los empleados también pueden seguir el asunto a través de una demanda privada ante un tribunal civil después de que se haya presentado una queja ante el CRD y se haya emitido una notificación de derecho de demandar.

RESPONSABILIDADES Y OBLIGACIONES DEL EMPLEADOR

Todos los empleadores, independientemente de la cantidad de empleados, están cubiertos por las disposiciones sobre acoso de la ley de California. Los empleadores son responsables del acoso por parte de sus supervisores o agentes. Se podrá considerar personalmente responsables de acoso, de facilitar el acoso y de fomentar el acoso a todos los acosadores, incluyendo el personal supervisor y no supervisor. La ley exige que los empleadores tomen medidas razonables para prevenir el acoso. Si un empleador no lo hace, se lo puede considerar responsable del acoso. Además, un empleador puede ser responsable del acoso por parte de alguien que no sea un empleado (p. ej., un cliente o comprador) a un empleado, un postulante o una persona que le preste servicios. Un empleador solamente será responsable de esta forma de acoso si sabía o debería haber sabido del acoso y no actuó inmediatamente ni impuso una acción correctiva adecuada. Los empleadores tienen la obligación explícita de tomar medidas razonables para prevenir y corregir de inmediato las conductas discriminatorias y de acoso, y de crear un lugar de trabajo sin acoso.

Un programa para eliminar el acoso sexual del lugar de trabajo no solo es un requisito de la ley, sino que es la manera más práctica para un empleador de evitar o limitar la responsabilidad si se produce un acoso.

ACOSO SEXUAL

HOJA DE INFORMACIÓN



Civil Rights
Department
STATE OF CALIFORNIA

RECURSOS CIVILES

- **Daños por angustia emocional de cada empleador o persona que viole la ley**
- **Contratación o reincorporación**
- **Pago retroactivo o ascenso**
- **Cambios en las políticas o prácticas del empleador**

TODOS LOS EMPLEADORES DEBEN TOMAR LAS MEDIDAS QUE SE INDICAN ABAJO PARA PREVENIR EL ACOSO Y CORREGIRLO CUANDO OCURRA:

1. Distribuir copias de este folleto o de otro texto que cumpla el Código 12950 del Gobierno. Está permitido reproducir este folleto en cualquier cantidad.

2. Publicar una copia del póster de empleo del Departamento titulado “La ley de California prohíbe la discriminación y el acoso en el lugar de trabajo”.

3. Desarrollar una política de prevención contra el acoso, la discriminación y las represalias según el artículo 11023 del título 2 del Código de Regulaciones de California (California Code of Regulations, CCR). La política debe:

- Estar por escrito.
- Mencionar todos los grupos protegidos por la Ley de Vivienda y Empleo Justos (Fair Employment and Housing Act, FEHA).
- Mencionar que la ley prohíbe que colegas y terceros, y supervisores y gerentes con quienes el empleado tenga contacto, participen en un acto de acoso ilegal.
- Desarrollar un proceso de queja que garantice la confidencialidad lo más posible, una respuesta oportuna, una investigación imparcial y oportuna de personal calificado, documentación y seguimiento del progreso razonable, opciones apropiadas para las acciones correctivas y las resoluciones, y cierres oportunos.
- Ofrecer un mecanismo de queja en donde no se requiera que el empleado presente su queja directamente ante su supervisor inmediato. Ese mecanismo de queja debe incluir, entre otros, disposiciones para la comunicación directa, oral o escrita con un representante designado de la compañía; o una línea directa para expresar quejas; o acceso a un defensor del pueblo; o identificación del CRD y de la Comisión para la Igualdad de Oportunidades en el Empleo de los Estados Unidos (United States Equal Employment Opportunity Commission) como otros medios para que los empleados presenten quejas.
- Indicar a los supervisores que denuncien toda queja por mala conducta a un representante designado de la compañía, como un gerente de Recursos Humanos, para que la compañía pueda intentar resolver el reclamo de manera interna. Los empleadores con 50 empleados

o más deben incluir esto como tema en la capacitación obligatoria sobre la prevención del acoso sexual (leer el artículo 11024 del título 2 del CCR).

- Indicar que, cuando el empleador reciba acusaciones de mala conducta, hará una investigación justa, oportuna y exhaustiva que dé un debido proceso a todas las partes y llegue a conclusiones razonables según las pruebas recogidas.
- Dejar en claro que no se tomarán represalias en contra de los empleados por presentar una queja o participar en una investigación.

4. Distribuir la política de prevención de acoso, discriminación y represalias haciendo una o más de estas acciones:

- Imprimir la política y dar una copia a los empleados con un formulario de acuse de recibo para que lo firmen y devuelvan.
- Enviar la política por correo electrónico con un formulario de acuse de recibo de devolución.
- Publicar la versión actual de la política en una intranet de la compañía con un sistema de seguimiento para garantizar que todos los empleados hayan leído y acusado recibo de la política.
- Explicar las políticas al contratar a un empleado o durante la orientación para nuevos empleados.
- Utilizar cualquier otro método que garantice que los empleados recibieron y entendieron la política.

5. Si el personal del empleador, en cualquier instalación o establecimiento, está formado por un diez por ciento o más de personas que hablan en otro idioma que el inglés, el empleador deberá traducir la política de acoso, discriminación y represalias a cada idioma que hable el diez por ciento del personal, como mínimo.

6. Además, los empleadores con actividades en California y con 5 o más empleados a tiempo parcial o completo deben dar, al menos, una hora de capacitación sobre la prevención del acoso sexual, incluyendo el acoso por motivos de identidad de género, expresión de género y orientación sexual, a cada empleado no supervisor; y dos horas de esa capacitación a cada empleado supervisor. La capacitación debe darse en un plazo de seis meses de asumir el puesto de empleo. Los empleados deben recibir capacitación cada dos años. Para obtener más información, lea los artículos 12950.1 del Código de Gobierno y 11024 del título 2 del CCR.

PARA PRESENTAR UNA QUEJA

Departamento de Derechos Civiles

civildrights.ca.gov/complaintprocess
Línea telefónica gratis: 800.884.1684
TTY: 800.700.2320

SURVIVORS OF VIOLENCE AND FAMILY MEMBERS OF VICTIMS RIGHT TO LEAVE AND ACCOMMODATIONS

NOTICE



Civil Rights
Department
STATE OF CALIFORNIA

Note: Employers must provide this information to workers when hired, annually, upon request, and to any worker who informs the employer that they are a victim of violence or the family member of a victim of violence. Victims of violence include victims of domestic violence, sexual assault, stalking, violent threats, acts involving the use or presence of a dangerous weapon, or any violence causing injury.

YOUR RIGHT TO TAKE TIME OFF

- You have the right to take time off work for jury service or to appear in court as a witness to comply with a subpoena or court order. All employees have this right, no matter the size of the employer.
- If you are a victim of violence, you have the right to take time off work to get relief (like a restraining order) to protect you or your child's health, safety, or welfare. All employees have this right, no matter the size of the employer.
- If you are a victim of violence or the family member of a victim of violence, and your employer has 25 or more workers, you have the right to take time off work for any of the following reasons:
 - To take part in safety planning or other actions to help keep you or your family member safe from future violence
 - To prepare for, participate in, or attend civil, administrative, or criminal legal proceedings, such as a court hearing, related to the violence
 - To seek, get, or provide childcare or care to a dependent adult if the care is necessary to keep the child or adult safe after an act of violence
 - To care for a family member recovering from injuries caused by violence
 - To get, or help a family member get, the following services relating to the violence: civil or criminal legal services; a restraining order or other relief; medical attention for injuries; services from a domestic violence shelter or program, rape crisis center, or victim services organization or agency; psychological counseling; mental health services; or housing, including relocating, securing temporary or permanent housing, and enrolling children in a new school or childcare
- If you are a victim of violence or the family member of a deceased victim of violence, you can take up to 12 weeks off work for any of these reasons. If you are the family member of a living victim of violence but are not yourself a victim, you may take up to 10 days off work for these reasons, with the exception of relocation, for which you can take up to five days.
- You may use available vacation, paid time off, personal leave, or paid sick leave to take time off for any of the reasons described in this notice.
- You must give your employer advance notice before taking time off, unless it is not possible. If you do not give advance notice, your employer cannot discipline you if you provide documentation to the employer within a reasonable time supporting the reason for your absence.

YOUR RIGHT TO CONFIDENTIALITY

- If you are a victim or the family member of a victim, your employer must keep information about your request for time off or reasonable accommodation confidential unless federal or state law requires disclosure, or disclosure is necessary to protect your safety at work. If your employer plans to disclose information about you or your circumstances, your employer must tell you in advance.

SURVIVORS OF VIOLENCE AND FAMILY MEMBERS OF VICTIMS RIGHT TO LEAVE AND ACCOMMODATIONS



Civil Rights
Department
STATE OF CALIFORNIA

NOTICE

YOUR RIGHT TO REASONABLE ACCOMMODATION FOR YOUR SAFETY

- If you or your family member is a victim of violence, you have the right to ask for a reasonable accommodation to make sure you are safe at work. Your employer must work with you to see what changes can be made.
- Your employer can ask you for a statement certifying that your request is related to being a victim or the family member of a victim.

YOUR RIGHT TO BE FREE FROM RETALIATION AND DISCRIMINATION

Your employer cannot discipline you, treat you differently, or fire you because:

- You are a survivor or the family member of a victim or survivor of domestic violence, sexual assault, stalking, violent threats, or violence causing injury.
- You asked for time off work to recover from or get help related to the violence.
- You asked for accommodations to make sure you are safe at work.

YOU MAY ALSO HAVE PROTECTIONS UNDER OTHER LAWS:

- **Wage Replacement:** You may be eligible for wage replacement if you are unable to work because of your health or because you need to care for a family member with a serious health condition. **State Disability Insurance (SDI)** provides short-term wage replacement when you are temporarily disabled from working. **Paid Family Leave (PFL)** provides short-term wage replacement so you can care for a seriously ill family member, among other reasons. Learn more or file a claim for wage replacement by contacting the Employment Development Department (EDD) online (<https://edd.ca.gov/>) or by phone at 800-480-3287 (for SDI) or 877-238-4373 (for PFL).

- **Family and medical leave:** Under the California Family Rights Act, you may have the right to take time off work for your own or a family member's serious health condition or because of the birth, adoption, or foster care placement of a child. Learn more about family and medical leave by visiting bit.ly/CRD-leave. You can file a complaint with CRD if you believe your rights have been violated.
- **Bereavement leave:** Bereavement leave allows eligible employees to take up to five days off work within three months of the family member's death. Leave does not need to be taken all at once. Learn more about bereavement leave protections by visiting bit.ly/CRD-Bereavement. You can file a complaint with CRD if you believe your rights have been violated.
- **Leave to attend court for certain crimes:** If you are a victim of certain crimes or the family member of a victim of certain crimes, you have the right to take time off work to attend related court proceedings under Labor Code sections 230.2 and 230.5. You can learn more information or file a complaint with the Labor Commissioner's Office within the Department of Industrial Relations by visiting bit.ly/DIR-Retaliation.

TO FILE A COMPLAINT

Contact the Civil Rights Department if you have questions about your rights or to file a complaint:

Civil Rights Department

Online at <http://ccrs.calcivilrights.ca.gov/s/>

By mail at 651 Bannon Street, Suite 200,
Sacramento, CA 95811

By calling 800-884-1684 (voice), 800-700-2320
(TTY), or California's Relay Service at 711

For more information about your right to leave and accommodations as a victim or the family member of a victim, visit bit.ly/CRD-Survivors-of-Violence-FAQ

SOBREVIVIENTES DE VIOLENCIA Y FAMILIARES DE VÍCTIMAS: DERECHO A AUSENTARSE Y A ADAPTACIONES RAZONABLES

AVISO



Civil Rights
Department
STATE OF CALIFORNIA

Nota: Los empleadores deben proporcionar esta información a los trabajadores al momento de su contratación, anualmente, si así se lo solicitan, y a cualquier trabajador que informe al empleador que es víctima de violencia o familiar de una víctima de violencia. Las víctimas de violencia incluyen a personas que han sufrido violencia doméstica, agresión sexual, acecho, amenazas violentas, actos que involucren el uso o la presencia de un arma peligrosa, o cualquier acto de violencia que cause lesiones.

SU DERECHO A AUSENTARSE DEL TRABAJO

- Usted tiene derecho a ausentarse del trabajo para prestar servicio como jurado o para comparecer ante un tribunal como testigo para cumplir con una citación o una orden judicial. Todos los empleados tienen este derecho, independientemente del tamaño de la empresa.
- Si usted es víctima de violencia, tiene derecho a ausentarse del trabajo para obtener una medida de protección (como una orden de alejamiento) para proteger su salud, seguridad o bienestar o los de sus hijos. Todos los empleados tienen este derecho, independientemente del tamaño de la empresa.
- Si usted es víctima de violencia o familiar de una víctima de violencia, y su empleador tiene 25 trabajadores o más, usted tiene derecho a ausentarse del trabajo por cualquiera de los siguientes motivos:
 - Participar en la elaboración de un plan de seguridad u otras medidas que le ofrezcan protección a usted o a su familiar contra futuras situaciones de violencia.
 - Prepararse, participar o asistir a procedimientos legales civiles, administrativos o penales, como una audiencia judicial, relacionados con la violencia.
 - Buscar, obtener o brindar cuidado infantil o cuidado a un adulto dependiente si dicho cuidado es necesario para proteger al niño o al adulto después de un acto de violencia.
 - Cuidar a un familiar que se esté recuperando de lesiones causadas por la violencia.
 - Obtener o ayudar a un familiar a obtener los siguientes servicios relacionados con la violencia: servicios legales civiles o penales; una orden de alejamiento u otra medida de protección; atención médica por lesiones; servicios de un refugio o programa de violencia doméstica, un centro de crisis por violación o una organización o agencia de servicios para víctimas; asesoramiento psicológico; servicios de salud mental; o servicios de vivienda, incluida la reubicación, la obtención de una vivienda temporal o permanente, y la inscripción de los niños en una nueva escuela o guardería.
- Si usted es víctima de violencia o familiar de una víctima de violencia fallecida, puede ausentarse del trabajo hasta por 12 semanas por cualquiera de estos motivos. Si es familiar de una víctima sobreviviente de violencia, pero usted no es la víctima, puede ausentarse del trabajo hasta por 10 días por estos motivos, con excepción de la reubicación, para la cual puede ausentarse hasta por cinco días.
- Puede utilizar vacaciones disponibles, tiempo libre remunerado, licencia personal o licencia por enfermedad pagada para ausentarse por cualquiera de los motivos descritos en este aviso.

SOBREVIVIENTES DE VIOLENCIA Y FAMILIARES DE VÍCTIMAS: DERECHO A AUSENTARSE Y A ADAPTACIONES RAZONABLES



Civil Rights
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- Debe notificar a su empleador con anticipación antes de ausentarse, a menos que no le resulte posible. Si no notifica con antelación, su empleador no podrá sancionarlo si le proporciona documentación, dentro de un plazo razonable, que justifique el motivo de su ausencia.

SU DERECHO A LA CONFIDENCIALIDAD

- Si usted es víctima o familiar de una víctima, su empleador debe mantener la confidencialidad de la información sobre su solicitud de tiempo libre o adaptación razonable, a menos que la ley federal o estatal exija su divulgación o en caso de que sea necesaria para proteger su seguridad en el trabajo. Si su empleador planea divulgar información sobre usted o sus circunstancias, debe informarle al respecto con antelación.

SU DERECHO A ADAPTACIONES RAZONABLES PARA SU SEGURIDAD

- Si usted o un familiar suyo es víctima de violencia, usted tiene derecho a solicitar adaptaciones razonables para garantizar su seguridad en el lugar de trabajo. Su empleador debe colaborar con usted para determinar qué cambios se pueden realizar.
- Su empleador puede solicitarle una declaración que certifique que su solicitud está relacionada con ser víctima o familiar de una víctima.

SU DERECHO A NO SUFRIR REPRESALIAS NI DISCRIMINACIÓN

Su empleador no puede sancionarlo, tratarlo de manera diferente ni despedirlo por los siguientes motivos:

- Usted es sobreviviente o familiar de una persona que ha sido víctima o sobreviviente de violencia doméstica, agresión sexual, acoso, amenazas violentas o violencia que haya causado lesiones.

- Solicitó ausentarse del trabajo para recuperarse o recibir ayuda relacionada con la violencia.
- Solicitó adaptaciones razonables para garantizar su seguridad en el lugar de trabajo.

TAMBIÉN PUEDE TENER PROTECCIONES EN VIRTUD DE OTRAS LEYES:

- **Reemplazo de salario:** Puede ser elegible para recibir un reemplazo de salario si no puede trabajar debido a su salud o porque necesita cuidar a un familiar con una afección de salud grave. El **Seguro Estatal por Incapacidad (State Disability Insurance, SDI)** proporciona un reemplazo de salario a corto plazo cuando usted no puede trabajar temporalmente debido a una discapacidad. La **Licencia Familiar Pagada (Paid Family Leave, PFL)** proporciona un reemplazo de salario a corto plazo para que usted pueda cuidar a un familiar gravemente enfermo, entre otros motivos. Obtenga más información o presente una solicitud de reemplazo de salario; para ello, comuníquese con el Departamento de Desarrollo del Empleo (Employment Development Department, EDD) en línea (<https://edd.ca.gov/>) o por teléfono al 800-480-3287 (para SDI) o al 877-238-4373 (para PFL).
- **Licencia familiar y médica:** En virtud de la Ley de Derechos Familiares de California, usted puede tener derecho a ausentarse del trabajo por una afección de salud grave suya o de un familiar, o por el nacimiento, la adopción o la obtención de la custodia tutelar de un niño. Obtenga más información sobre la licencia familiar y médica en bit.ly/CRD-leave. Puede presentar una denuncia ante el Departamento de Derechos Civiles de California (Civil Rights Department, CRD) si considera que se han infringido sus derechos.

SOBREVIVIENTES DE VIOLENCIA Y FAMILIARES DE VÍCTIMAS: DERECHO A AUSENTARSE Y A ADAPTACIONES RAZONABLES



Civil Rights
Department
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- **Licencia por duelo:** Esta licencia permite que los empleados que cumplan con los requisitos se ausenten del trabajo hasta por cinco días dentro de los tres meses posteriores al fallecimiento del familiar. No es necesario tomar la licencia completa de una sola vez. Obtenga más información sobre las protecciones de la licencia por duelo en bit.ly/CRD-Bereavement. Puede presentar una denuncia ante el CRD si considera que se han infringido sus derechos.
- **Permiso para comparecer ante el tribunal por ciertos delitos:** Si usted es víctima de ciertos delitos o familiar de una víctima de ciertos delitos, tiene derecho a ausentarse del trabajo para asistir a procedimientos judiciales relacionados, en virtud de las Secciones 230.2 y 230.5 del Código Laboral. Puede obtener más información o presentar una denuncia ante la Oficina del Comisionado de Trabajo del Departamento de Relaciones Industriales; para ello, visite bit.ly/DIR-Retaliation.

PRESENTAR UNA DENUNCIA

Comuníquese con el Departamento de Derechos Civiles si tiene preguntas sobre sus derechos o para presentar una denuncia:

Civil Rights Department

En línea en <http://ccrs.calcivilrights.ca.gov/s/>

Por correo postal a 651 Bannon Street, Suite 200, Sacramento, CA 95811.

Por teléfono al 800-884-1684 (voz), 800-700-2320 (TTY), o por el Servicio de Retransmisión de California al 711.

Para obtener más información sobre su derecho a ausentarse y a recibir adaptaciones como víctima o familiar de una víctima, visite bit.ly/CRD-Sobrevivientes-de-Violencia-FAQ

**EMPLOYERS MUST PROVIDE THIS INFORMATION TO NEW WORKERS
WHEN HIRED AND TO OTHER WORKERS WHO ASK FOR IT**

**RIGHTS OF VICTIMS OF DOMESTIC VIOLENCE,
SEXUAL ASSAULT, STALKING, CRIMES THAT
CAUSE PHYSICAL INJURY OR MENTAL
INJURY, AND CRIMES INVOLVING A THREAT
OF PHYSICAL INJURY; AND OF PERSONS
WHOSE IMMEDIATE FAMILY MEMBER IS
DECEASED AS A DIRECT RESULT OF A CRIME**

Your Right to Take Time Off:

- You have the right to take time off from work to obtain relief from a court, including obtaining a restraining order, to protect you and your children's health, safety or welfare.
- If your company has 25 or more workers, you can take time off from work to get medical attention for injuries caused by crime or abuse, receive services from a domestic violence shelter, program, rape crisis center, or victim services organization or agency as a result of the crime or abuse, receive psychological counseling or mental health services related to an experience of crime or abuse, or participate in safety planning and take other actions to increase safety from future crime or abuse.
- You may use accrued paid sick leave or vacation, personal leave, or compensatory time off that is otherwise available for your leave unless you are covered by a union agreement that says something different. Even if you don't have paid leave, you still have the right to time off.
- In general, you don't have to give your employer proof to use leave for these reasons.
- If you can, you should tell your employer before you take time off. Even if you cannot tell your employer beforehand, your employer cannot discipline you if you give proof explaining the reason for your absence within a reasonable time. Proof can be a police report, a court order, a document from a licensed medical professional, a victim advocate, a licensed health care provider, or counselor showing that you were undergoing treatment for domestic violence related trauma, or a written statement signed by you, or an individual acting on your behalf, certifying that the absence is for an authorized purpose.

Your Right to Reasonable Accommodation:

- You have the right to ask your employer for help or changes in your workplace to make sure you are safe at work. Your employer must work with you to see what changes can be made. Changes in the workplace may include putting in locks, changing your shift or phone number, transferring or reassigning you, or help with keeping a record of what happened to you. Your employer can ask you for a signed statement certifying that your request is for a proper purpose, and may also request proof showing your need for an accommodation. Your employer cannot tell your coworkers or anyone else about your request.

Your Right to Be Free from Retaliation and Discrimination:

Your employer cannot treat you differently or fire you because:

- You are a victim of domestic violence, sexual assault, stalking, a crime that caused physical injury or mental injury, or a crime involving threat of physical injury; or are someone whose immediate family member is deceased as a direct result of a crime.
- You asked for leave time to get help.
- You asked your employer for help or changes in the workplace to make sure you are safe at work.

You can file a complaint with the Labor Commissioner's Office against your employer if he/she retaliates or discriminates against you.

For more information, contact the California Labor Commissioner's Office. We can help you by phone at 213-897-6595, or you can find a local office on our website: www.dir.ca.gov/dlse/DistrictOffices.htm. If you do not speak English, we will provide an interpreter in your language at no cost to you. This Notice explains rights contained in California Labor Code sections 230 and 230.1. Employers may use this Notice or one substantially similar in content and clarity.

Labor Commissioner's Office Victims of Domestic Violence, Sexual Assault and Stalking Notice

3/2021



California Workplace - Know Your Rights

As a worker in California, you are entitled to know and exercise your workplace and constitutional rights. Labor laws, including but not limited to standards for wages, hours, and health and safety, apply to all workers in the state *regardless of immigration status*.

It is against the law for your employer to retaliate against you for exercising your rights, including:

- Filing a complaint with the Labor Commissioner, Cal/OSHA, the Civil Rights Department, or another government agency.
- Asking about your employer's compliance with federal, state, or local law.
- Talking with others about their rights or helping them exercise their rights under federal, state, or local law.

Examples of illegal retaliation include firing you, reducing your work hours, or threatening to report you or a relative to immigration authorities because you exercised your rights.



Workplace Protections Related to Immigration Status

Your right to Notice of Immigration Inspections ([Labor Code § 90.2](#))

If your employer receives notice of an upcoming immigration agency's inspection of I-9 Employment Eligibility Verification forms or other employment records, your employer must post a notice informing workers and their union representative, if applicable, within 72 hours of receiving that notice.

Your protections against unfair immigration-related practices ([Labor Code §§ 1019-1019.2](#))

Under California law, it is unlawful for employers to retaliate against you or threaten immigration-related action when you exercise your rights. An employer is prohibited from taking any of the following actions because you exercised your rights:

- Refusing to accept identification documents during the I-9 process (proof of ID and federal permission to work) that appear to be genuine.
- Using E-Verify in a way not required or authorized by law.
 - For example, using E-Verify to reverify employment eligibility for an employee when not legally required to do so or screening only specific workers rather than all workers in a workplace without a legitimate basis for doing so.
- Reporting or threatening to report you or your family to immigration authorities.
- Filing or threatening to file any false report to the police or a state or federal agency.



Your right to designate an emergency contact ([Labor Code § 1555](#))

Your employer **must** allow you to provide them with emergency contact information and to indicate if you want the emergency contact to be notified if you are arrested or detained at work. If you are arrested or detained at work and your employer has knowledge of it, they **must** notify your designated emergency contact if you choose that option.



Your right to organize a union or engage in protected activity in the workplace

Most employees in California have the right to organize, join, or participate in union activities. Employees also have the right to jointly act with co-workers to address work-related issues and concerns to improve working conditions or for the purpose of collective bargaining. **This means you have the right to join with coworkers to request better working conditions or raise work-related concerns, including about wages, hours, health and safety, and other terms of employment.** You also have the right to not participate in union activities or protected activities. It is illegal for your employer to:

- Interfere with or discourage your union activity or protected activities.
- Threaten you, or retaliate or discriminate against you, because of your union support or protected activities.



Your rights when interacting with law enforcement, including immigration agents, in the workplace

California workers have certain rights and protections under the U.S. Constitution, **regardless of their immigration status**, including when law enforcement (including a federal immigration agent) approaches you. In addition, under California law, state and local law enforcement cannot assist federal agencies such as ICE with immigration enforcement in most circumstances.

Your right to be free from unreasonable searches (U.S. Constitution, 4th Amendment)

- If law enforcement, including immigration agents, ask if they can search you or your personal belongings, unless they have a judicial warrant specifically authorizing a search of your person or your personal belongings, you have the right to say no.
- If the officer conducts the search, even if you say no – remain calm, do not physically resist, and do not run.

Law enforcement can enter *public areas* without a warrant. Public areas may include a lobby, waiting room, public dining area, or parking lot of a workplace. In most circumstances, law enforcement needs a [judicial warrant](#), signed by a judge, to enter *non-public areas* of your workplace without consent. Non-public areas may include a breakroom, employee restroom, workspace, or any area marked as employees only. Administrative forms, such as an I-200 or I-205, are not a judicial warrant.

In California, your employer is prohibited from providing voluntary consent to an immigration enforcement agent to enter *non-public areas* of the workplace. Without a judicial warrant, your employer must refuse entry to immigration enforcement to *non-public areas* of the workplace.

More detailed information can be found in the DOJ's and LCO's joint [Immigrant Worker Protection Act FAQ](https://oag.ca.gov/system/files/media/ab450-faqs.pdf) (<https://oag.ca.gov/system/files/media/ab450-faqs.pdf>).

Your right to be free from unreasonable seizures (U.S. Constitution, 4th Amendment)

- You are protected against unreasonable seizures, which includes detaining or arresting you.
- Law enforcement must have a reasonable suspicion of wrongdoing before they can stop and question or search you. You can ask “Am I being detained?” or “Am I free to leave?” If the officer says that you are not being detained or you are free to leave, then you can walk away calmly.
- An arrest requires probable cause and occurs when a person is taken into custody by law enforcement officers.
- Law enforcement agents do not need a judge-signed warrant to arrest someone in public.
- You have the right to speak to a lawyer if you are arrested. You may be pressured to sign documents. You do not have to sign anything without speaking to an attorney.



Your right to remain silent (*U.S. Constitution, 5th Amendment*)

- Anything you say to law enforcement officers can be used against you in court.
- You have the right to remain silent, even if you are asked about your immigration status.
- If you wish to remain silent, clearly state so, request to speak with an attorney **and then remain silent**.
- Do not provide false information, false identification, or false documents to an officer. Providing false documents is a federal offense and may carry severe immigration consequences for noncitizens.



Your right to record interactions with law enforcement in public spaces under the 1st Amendment

The public has the right to observe and record officers and government officials carrying out their duties in public. If you choose to record, you should stand a safe distance away and do not interfere with the officer's actions. Physical obstruction or verbal escalation can put your safety at risk and may lead to criminal charges.

Access to legal representation

If you are arrested, you have the right to an attorney. If you cannot afford an attorney, you can get a government-appointed attorney to represent you in a criminal case.

However, if you are arrested by U.S. Immigration and Customs Enforcement (ICE) or U.S. Customs and Border Protection (CBP), which includes Border Patrol, for civil immigration violations, you have the right to consult with a lawyer, but the government is not required to provide a lawyer for you. If you are arrested by ICE or CBP, you may invoke your right to speak with an attorney before saying or signing anything. You may also ask to speak to your consulate who may provide assistance.



Workers' Compensation

You have the right to workers' compensation benefits if you are injured or become ill because of your job. The benefits provide you with medical care for your injury/illness, partially replace the wages you lose while you are recovering, and help you return to work. For additional information, visit www.dir.ca.gov/dwc/ or call 1-800-736-7401.



Who can I contact if I believe my rights have been violated?

If you believe your rights have been violated, below is a list of government agencies where you can seek assistance:

California Department of Industrial Relations (DIR):

California Labor Commissioner’s Office (LCO)

Information: (833) LCO-INFO (833-526-4636)
Immigration helpline: (855) 526-7775
www.dir.ca.gov/dlse/

California Division of Occupational Safety and Health (Cal/OSHA)

(833) 579-0927
<https://www.dir.ca.gov/dosh/>

California Division of Workers Compensation (DWC)

(800) 736-7401
dir.ca.gov/dwc/

Other California Agencies:

California Attorney General (AG)

(800) 952-5225
www.oag.ca.gov

California Civil Rights Department (CRD)

(800) 884-1684
civildrights.ca.gov/

California Agricultural Employees Agricultural Labor Relations Board (ALRB)

(800) 449-3699
www.alrb.ca.gov

California Public Sector Employees *and Transportation Network Company Drivers* Public Employment Relations Board (PERB)

(916) 322-3198
perb.ca.gov

Federal Agencies:

Private Sector Employees National Labor Relations Board (NLRB):

(844) 762-6572
www.nlr.gov

Federal Employees U.S. Federal Labor Relations Authority (FLRA):

(771) 444-5801
<https://www.flra.gov/>

Railway and Airline Employees National Mediation Board (NMB):

(202) 692-5000
https://nmb.gov/NMB_Application/

Non-Governmental Organizations:

You may also contact a nonprofit legal or community-based organization for assistance. For a list of organizations that partner with state agencies to help workers to understand their rights, scan the QR code to the right, or visit www.dir.ca.gov/dlse/Nonprofit-Legal-and-Community-Based-Organizations-Serving-Workers.html.





NOTICES TO POST

Employers are required to have posted in an area accessible and conspicuous to all employees the notices outlined in the following listing. The notices are required by City, County, State and federal regulations.

You may obtain copies of these required notices from the local offices of the state and federal government. However, please do not rely on any advice or information which anyone at these various agencies provide to you concerning compliance with laws and regulations without also obtaining the advice of a labor attorney. The information provided by these agencies may not be accurate legal advice.

Required California and Federal Employment Notices:

- Transgender Rights in the Workplace
- Healthy Workplaces/Healthy Families Act of 2014 - Paid Sick Leave
- Know Your Rights: Workplace Discrimination is Illegal
- Notice to Employees (EDD: UI, DI and PFL)
- California Minimum Wage
- Federal Minimum Wage
- Your Rights Under USERRA
- Safety and Health Protection on the Job (Cal/OSHA)
- Notice to Employees-Injuries Caused by Work (Division of Workers' Compensation)
- California Law Prohibits Workplace Discrimination and Harassment (CRD)
- Your Rights and Obligations as a Pregnant Employee
- Family Care and Medical Leave and Pregnancy Disability Leave
- Employee Rights Under the Family and Medical Leave Act
- Whistleblowers Are Protected
- Time Off to Vote
- Employee Polygraph Protection Act
- Emergency Contacts
- Payday Notice

Please check with your City and County for other required postings, including Paid Sick Leave and Criminal Background Checks.

Even if you employ only one person in California, you are required to post current employment notices and distribute certain pamphlets. Be sure to display a poster in each business location where employees can easily see it and read it.

Remember, you must separately post the Wage Order(s) specific to your industry. New postings are required as of January 1, 2024. You may utilize Cal Chamber's free [Wage Order Wizard](#) to identify which of the 17 industry Wage Orders apply to your business. You may need more than one. You'll need both English and Spanish kit versions if you have Spanish-speaking employees.



NOTICES TO POST

Page | 2

Required Handouts:

- [Sexual Harassment](#) pamphlet (required at hire)
- [Workers' Compensation Rights & Benefits](#) pamphlet (required at hire)
- [State Disability Insurance](#) pamphlet (required at hire and for any employee taking a leave of absence for a covered reason)
- [Paid Family Leave](#) pamphlet (required at hire and for any employee requiring a leave of absence for a covered reason)
- [Unemployment Insurance](#) pamphlet (required for any staff member who is terminated, laid off or takes a leave of absence.
- [Rights of Victims of Domestic Violence, Sexual Assault and Stalking](#) pamphlet (required at hire and upon request of any current employee)

Main Resources: Link to California Chamber of Commerce: www.calchamber.com Cal Chamber Store: <https://store.calchamber.com> and <https://hrcalifornia.calchamber.com/hr-library/posters-pamphlets>

Additional Resources: Please See California Department of Industrial Relations (DIR) website at www.dir.ca.gov to review what is new.

U.S. DEPARTMENT OF LABOR (US DOL) (213) 894-6375
Los Angeles District Office - Wage & Hour Division
915 Wilshire Blvd., Suite 960
Los Angeles, CA 90017-3446
<https://www.dol.gov>

CIVIL RIGHTS DEPT. (CRD) (fka DFEH) (800) 884-1684
2218 Kausen Drive, Suite 100
Elk Grove, CA 95758
<https://calcivilrights.ca.gov>

DEPARTMENT OF INDUSTRIAL RELATIONS (213) 620-6330
DIVISION OF LABOR STANDARDS
ENFORCEMENT (DIR/DLSE)
320 West Fourth Street, 10th Floor
Los Angeles, California 90013
<http://www.dir.ca.gov/dlse>

LABOR COMMISSIONER'S OFFICE (213) 620-6330
320 W. Fourth Street, Suite 450
Los Angeles, CA 90013
<https://www.dir.ca.gov/dlse/DistrictOffices.htm>

EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) (213) 894-1118
Roybal Federal Building
255 East Temple Street, 4th Floor
Los Angeles, California 90012
<https://www.eeoc.gov>

CAL OSHA (At DIR) <https://www.dir.ca.gov/dosh> (818) 901-5403

NEW HIRE CHECKLIST

The following items must be signed and contained in every new hire employee packet. If a document does not apply, please write N/A. Please initial ensuring that the document has been presented to the employee and signed.

Employment Application (completed, dated and signed by applicant)	(Optional)	_____
Labor Code Section 2810.5 for New Hires	(Mandatory)	_____
Post-Hire Employee Data Sheet	(Optional)	_____
Federal Form W-4 - Employee Withholding Allowance	(Mandatory)	_____
California State Form DE-4 Employees Withholding Allowance Certificate	(Mandatory)	_____
I-9 Form - (completed by applicant and company representative)	(Mandatory)	_____
I-9 Instructions	(Mandatory)	_____
Voluntary Information Form	(Optional)	_____
Authorization to obtain Investigative Report	(Optional)	_____
Notification of Request for Investigative Consumer Report	(Optional)	_____
Summary of Rights Under the Fair Credit Reporting Act	(Optional)	_____
Predesignation of Personal Physician (DWC Form 9783) (English and Spanish/with Acknowledgment)	(Mandatory)	_____
State Disability Insurance Booklet-DE-2515 (English/Spanish)	(Mandatory)	_____
EDD For Your Benefit Booklet-DE-2320 (English)	(Mandatory)	_____
Family Care and Medical Leave and Pregnancy Disability Leave (CRD-100-21) (State) (Replaces Notice B)	(Optional)	_____
Employee Rights-Family and Medical Leave Act of 1993 (Federal)	(Optional)	_____
California Paid Family Leave-DE-2511 (English and Spanish)	(Mandatory)	_____
Civil Rights Dept. Sexual Harassment Fact Sheet (English and Spanish)	(Mandatory)	_____
Lactation Accommodation Policy	(Mandatory)	_____
Rights of Victims of Domestic Violence, Sexual Assault and Stalking	(Mandatory)	_____
DIR Know Your Rights form	(Mandatory)	_____
Employee Relations Policy with Acknowledgment (English & Spanish)	(Mandatory)	_____
Company's Drug and Alcohol Policy with Acknowledgment	(Optional)	_____
Meal and Rest Period Policy	(Optional)	_____
Missed Meal Period & Rest Break Form	(Optional)	_____
Sick Leave Policies (Accrual and Up Front) (English/Spanish)	(Mandatory)	_____
WCAB Time of Hire Notice	(Optional)	_____
Sample Timesheet	(Optional)	_____
Employee Handbook (Company handbook)	(Optional)	_____
Employee Statement Re: Acknowledgment of Receipt of Handbook	(Optional)	_____
Insurance Premium Authorization	(Optional)	_____
Unearned Vacation Agreement	(Optional)	_____
Supplies/Uniform Cost Authorization	(Optional)	_____
Acknowledgment of Receipt of Mandatory Documents	(Optional)	_____

Date: _____

By: _____
Supervisor's Signature

Date: _____

By: _____

EMPLOYMENT APPLICATION

GENERAL DATA

Last Name	First Name	Middle Name			
Have you ever used another name? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please specify for purposes of a reference check:					

Present Address	Number	Street	City	State	Zip Code
Years at Above Address			Home Telephone Number		
			()		
Position Applying For				Date of Application	
Full Time or Part Time			Shift or Hours Preferred		
Drivers License Number (if applicable)			Expiration Date		

If employed in the position for which you have applied, would you be in a supervisory or subordinate relationship to any relative of your household? Yes No

PERSONAL DATA

Person to notify in case of an Emergency:	Name	Home Telephone Number			
		()			
Present Address	Number	Street	City	State	Zip Code
<i>How did you learn of this job opening?</i>					
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In			
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____			
List membership in professional organizations which you feel would enhance your application.					
You may exclude any whose names would indicate the race, religious creed, color, national origin, or ancestry of its members.					

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

If under 18 years of age, can you after employment, submit a work permit? N/A Yes No

SKILLS

Typing Speed (wpm):	Shorthand (wpm):
Machines Operated:	
Other Training/Skills (include bilingual ability if relevant to the position for which you are applying:	
Branch of Military Service:	State Dates: From: To:
State relative skills acquired during military service:	

PROFESSIONAL & TECHNICAL APPLICANTS ONLY

Professional License Number:	Expiration Date:	Type of License:	State:
------------------------------	------------------	------------------	--------

Is there any reason why you would be unable to perform or to safely perform any of the duties of the position for which you have applied, as set forth on the job description for that position? Yes No

If "Yes," please explain:

EDUCATION

	HIGH SCHOOL	COLLEGE	TRADE, PROFESSIONAL SCHOOL OR OTHER
Name			
Address			
Number of Years			
Course or Major			
Diploma/Degree			

WORK EXPERIENCE

Last/Present Employer	Length of Service (Dates)		Duties Performed
Address	<u>Start</u>	<u>Leave</u>	
Telephone Number(s)			
Supervisor's Name and Position			
Your Job Title			
Reason For Leaving			
May we contact now? <input type="checkbox"/> Yes <input type="checkbox"/> No (If still employed)			
Employer	Length of Service (Dates)		Duties Performed
Address	<u>Start</u>	<u>Leave</u>	
Telephone Number(s)			
Supervisor's Name and Position			
Your Job Title			
Reason For Leaving			
May we contact now? <input type="checkbox"/> Yes <input type="checkbox"/> No (If still employed)			
Employer	Length of Service (Dates)		Duties Performed
Address	<u>Start</u>	<u>Leave</u>	
Telephone Number(s)			
Supervisor's Name and Position			
Your Job Title			
Reason For Leaving			
May we contact now? <input type="checkbox"/> Yes <input type="checkbox"/> No (If still employed)			

APPLICANT'S STATEMENT

I hereby certify that I have been informed of the duties, the hours and days of work of the position for which I am applying, and that the information on this application is correct and complete to the best of my knowledge.

I agree to have any of the statements checked by the Company unless I have indicated to the contrary. Further, I understand that falsification or omission of any material information on this application, if I receive a job offer, may be considered sufficient cause for immediate termination. I agree that if employed, I will abide by all policies and procedures established by the employer.

I hereby acknowledge that my employment is "at-will," that I may resign at any time and the Company may terminate my employment at any time, with or without cause, and with or without notice, that any assurances of continued employment, whether written, oral or by conduct, shall not be interpreted as changing the nature of the employment relationship unless specifically acknowledged in writing by the President of the Company.

By: _____
Signature of Applicant

Date

FOR COMPANY USE ONLY

Interviewed: Yes No

Remarks: _____

Employed: Yes No Starting Date: _____

Job Title: _____ Salary: _____ Dept: _____

By: _____
Name and Title Date

(Revised 11-06-2017)

Criminal History Question

Effective January 1, 2018

California employers may not ask an applicant to disclose their criminal conviction history prior to making a job offer. Certain employers are required by law to have background checks and cannot hire certain applicants with a criminal conviction. Please check with your attorney before asking the question below:

Have you ever been convicted of a crime (felony or misdemeanor) OTHER THAN:

- (1) a marijuana related conviction that occurred more than two years ago;
- (2) an offense for which you were referred to, and participated in, any pre-trial or post trial diversion program; and
- (3) any criminal history, including arrests, detention, process, diversion, supervision, adjudication, or court disposition that occurred while you were subject to the process or jurisdiction of juvenile court law?

Yes No

If yes, please state the date of conviction, the county and state, and the nature of the offense.

NOTE: An affirmative response to this question will not result in your automatic disqualification for employment.

NOTICE TO EMPLOYEE

Labor Code section 2810.5

EMPLOYEE

Employee Name: _____

Start Date: _____

EMPLOYER

Legal Name of Hiring Employer: _____

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:

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

Hiring Employer's Telephone Number: _____

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):

(If the employee has signed the acknowledgment 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: _____

WORKERS' COMPENSATION

Insurance Carrier's Name: _____
Address: _____
Telephone Number: _____
Policy No.: _____
 Self-Insured (Labor Code 3700) and Certificate Number for Consent to Self-Insure: _____

PAID SICK LEAVE

Unless exempt, the employee identified on this notice is entitled to minimum requirements for paid sick leave under state law which provides that an employee:

- a. May accrue paid sick leave and may request and use up to 5 days or 40 hours, whichever is greater, of accrued paid sick leave per year;
- b. May not be terminated or retaliated against for using or requesting the use of paid sick leave; and
- c. Has the right to file a complaint against an employer who retaliates or discriminates against an employee for
 - 1. requesting or using sick days;
 - 2. attempting to exercise the right to use paid sick days;
 - 3. filing a complaint or alleging a violation of Article 1.5 section 245 et seq. of the California Labor Code;
 - 4. cooperating in an investigation or prosecution of an alleged violation of this Article or opposing any policy or practice or act that is prohibited by Article 1.5 section 245 et seq. of the California Labor

The following 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. 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 which satisfies or exceeds the accrual, carryover, and use requirements of Labor Code §246.
- 3. Employer provides no less than 40 hours (or 5 days) of paid sick leave at the beginning of each 12-month period.
- 4. The employee is exempt or partially exempt from paid sick leave by Labor Code §245.5. (State exemption and subsection for exemption): _____

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 of employment and that may affect their health and safety during employment. (State emergency or disaster declaration and how it may affect health or safety)

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 applies: (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.



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9

OMB No.1615-0047

Expires 05/31/2027

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.	Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):					
	<input type="checkbox"/> 1. A citizen of the United States					
	<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)					
	<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)					
<input type="checkbox"/> 4. An alien authorized to work until (exp. date, if any) _____						
If you check Item Number 4. , enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee					Today's Date (mm/dd/yyyy)	

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	Additional Information				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Check here if you used an alternative procedure authorized by DHS to examine documents.

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.		First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative
		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.</p>
<p>Acceptable Receipts</p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List B document. 	AND	<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on **I-9 Central** for more information.



Supplement A, Preparer and/or Translator Certification for Section 1

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement A
OMB No. 1615-0047
Expires 05/31/2027

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
--	--	---

Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code



Supplement B, Reverification and Rehire (formerly Section 3)

Department of Homeland Security
U.S. Citizenship and Immigration Services

**USCIS
Form I-9
Supplement B**
OMB No. 1615-0047
Expires 05/31/2027

Last Name (<i>Family Name</i>) from Section 1.	First Name (<i>Given Name</i>) from Section 1.	Middle initial (if any) from Section 1.
---	---	--

Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the Handbook for Employers: Guidance for Completing Form I-9 (M-274)

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (Family Name)	First Name (Given Name)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (Family Name)	First Name (Given Name)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (Family Name)	First Name (Given Name)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

California Minimum Salary for Exempt Employees

Employees properly classified as exempt must receive a salary of at least twice the California State Minimum Wage. County and City ordinances concerning minimum wage does not change the amount to be paid.

	<u>26 or More Employees</u>	<u>25 or Fewer Employees</u>
(1) January 1, 2017	\$43,680	\$41,600
(2) January 1, 2018	\$45,760	\$43,680
(3) January 1, 2019	\$49,920	\$45,760
(4) January 1, 2020	\$54,080	\$49,920
(5) January 1, 2021	\$58,240	\$54,080
(6) January 1, 2022	\$62,400	\$58,240
(7) January 1, 2023	\$64,480	\$64,480
(8) January 1, 2024	\$66,560	\$66,560
(9) January 1, 2025	\$68,640	\$68,640
(10) January 1, 2026	\$70,304	\$70,304



**MINIMUM WAGE INCREASES FOR CALIFORNIA
LOS ANGELES CITY AND COUNTY**

YEAR	FEDERAL	CALIFORNIA (effective January 1)		LOS ANGELES CITY (effective July 1)		LOS ANGELES COUNTY & UNINCORPORATED AREAS OF LOS ANGELES COUNTY (effective July 1)	
		<u>26 or more</u> \$10.50	<u>25 or fewer</u> \$10.00	<u>26 or more</u> \$10.50	<u>25 or fewer</u> \$10.00	<u>26 or more</u> \$10.50	<u>25 or fewer</u>
2016	\$7.25	\$10.00		<u>26 or more</u> \$10.50	<u>25 or fewer</u> \$10.00	<u>26 or more</u> \$10.50	<u>25 or fewer</u>
2017		<u>26 or more</u> \$10.50	<u>25 or fewer</u> \$10.00	\$12.00	\$10.50	\$12.00	\$10.50
2018		\$11.00	\$10.50	\$13.25	\$12.00	\$13.25	\$12.00
2019		\$12.00	\$11.00	\$14.25	\$13.25	\$14.25	\$13.25
2020		\$13.00	\$12.00	\$15.00	\$14.25	\$15.00	\$14.25
2021		\$14.00	\$13.00		\$15.00		\$15.00
2022		\$15.00	\$14.00	\$16.04	\$16.04	\$15.96	\$15.96
2023		\$15.50	\$15.50	\$16.78	\$16.78	\$16.90	\$16.90
2024		\$16.00	\$16.00	\$17.28	\$17.28	\$17.27	\$17.27
2025		\$16.50	\$16.50	\$17.87	\$17.87	\$17.81	\$17.81
2026		\$16.90	\$16.90	----	----	----	----

MEAL AND REST PERIOD POLICY

Employees that are scheduled to work more than five (5) hours must take a thirty (30) minute uninterrupted meal period, off the clock, that must begin before the end of the fifth hour of work. Employees are entitled to be relieved of all their duties and free to take care of personal matters during that time. Employees that have a Six (6) Hour Shift may voluntarily waive the meal period if they execute a Six-Hour Shift Meal Waiver Form. Employees working more than ten (10) hours are entitled to a second meal period before end of the tenth hour of work unless the employee voluntarily executes a Twelve-Hour (12) Shift Meal Waiver Form and has taken the first meal period.

The Company provides a paid ten (10) minute rest period for every four (4) hours of work or major fraction thereof. An employee who works between three and a half (3 1/2) to six (6) hours is entitled to one (1) ten-minute break, an employee who works between six (6) to ten (10) hours is entitled to a second ten-minute break, and an employee who works between ten (10) and fourteen (14) hours is entitled to a third ten-minute break. An employee that works less than three and a half (3 1/2) hours is not entitled to receive a paid ten (10) minute rest period.

Please check with your supervisor for the appropriate time to take meal and rest breaks.

Meal periods and rest periods may not be waived to leave early, nor may they be consolidated for a longer rest or meal period. Employees are free to leave the work premises during their meal and rest periods.

It is against Company policy for any employee to perform work during meal or rest periods. It is against Company policy to return to work before the end of a 30-minute meal period or ten-minute rest break. It is also against Company policy for employees to work “off the clock,” that is, perform work without recording it as time worked on their timesheets.

If for any reason, an employee is prevented from taking one or more of their paid rest breaks, or if an employee is unable to take their 30-minute, duty-free meal period as required under this policy, the employee must promptly notify their direct supervisor or a member of management, in writing, of the late, short, interrupted, or missed meal period or rest break, including the reason the employee was unable to take their required meal period or rest break.

The undersigned acknowledges that he or she has read and understands the foregoing Meal and Rest Period Policy.

Employee Signature

Date

POLÍTICA DE PERIODOS DE COMIDA Y DESCANSO

Los empleados que están programados para trabajar más de cinco (5) horas deben tomar un período de comida sin interrupciones de treinta (30) minutos, libre de trabajo, que debe comenzar a más tardar antes del final de la quinta (5) hora de trabajo. Los empleados tienen derecho a ser relevados de todos sus deberes y libres para atender asuntos personales durante ese tiempo. Los empleados que tienen un turno de seis (6) horas pueden renunciar voluntariamente al período de comida si ejecutan un Formulario de Renuncia de Comida de Turno de Seis Horas. Los empleados que trabajan más de diez (10) horas tienen derecho a un segundo período de comida antes del final de la décima hora de trabajo, a menos que el empleado ejecute voluntariamente un Formulario de Renuncia de Comida de Turno de Doce (12) Horas y haya tomado el primer período de comida.

La Compañía proporciona un período de descanso pagado de diez (10) minutos por cada cuatro (4) horas de trabajo o fracción mayor de las mismas. Un empleado que trabaja entre tres (3 1/2) y seis (6) horas tiene derecho a un (1) descanso de diez minutos, un empleado que trabaja entre seis (6) y diez (10) horas tiene derecho a un segundo descanso de diez minutos, y un empleado que trabaja entre diez (10) y catorce (14) horas tiene derecho a un tercer descanso de diez minutos. Un empleado que trabaja menos de tres horas y media (3 1/2) no tiene derecho a recibir un período de descanso remunerado de diez (10) minutos. Consulte con su supervisor para saber cuál es el momento adecuado para comer y descansar.

Los períodos de comida y descanso no pueden ser renunciados para salir antes de tiempo, ni pueden ser combinados para tener un período de descanso o comida más largo. Los empleados son libres de salir de las instalaciones de trabajo durante sus períodos de comida y descanso.

Va en contra de la política de la Compañía que cualquier empleado trabaje durante los períodos de comida o descanso. Va en contra de la política de la empresa regresar al trabajo antes de que finalice un período de comida de 30 minutos o un descanso de diez minutos. También va en contra de la política de la empresa que los empleados trabajen "fuera del reloj" ("off the clock"), es decir, que trabajen sin registrar el tiempo como tiempo trabajado en sus tarjetas de tiempo.

Si por alguna razón, un empleado no puede tomar uno o más de sus descansos pagados, o si un empleado no puede tomar su período de comida de 30 minutos libre de trabajo como lo requiere esta política, el empleado debe notificar de inmediato a su supervisor directo o a un miembro de la gerencia, por escrito, sobre el periodo de comida o descanso tardío, corto, interrumpido o no tomado, incluida la razón por la cual el empleado no pudo tomar su período de comida o descanso requerido.

El abajo firmante reconoce que ha leído y comprende la Política de Período de Comida y Descanso anterior.

Firma del Empleado

Fecha

Rev_cc_02-2024_LVD

CALIFORNIA MISSED MEAL AND REST PERIOD FORM

MEAL PERIOD

Employee Name: _____

Employee ID: _____

Date: _____

Supervisor/Manager Name: _____

The above employee has missed a meal period on the date specified for the corresponding reason as listed below:

- Employee voluntarily chose to ignore the meal period policy. Date: _____ No extra pay
- Employee had no coverage due to short staffing. Date: _____ 1 hr. extra pay
- Employee was asked to skip meal period due to business demands. Date: _____ 1 hr. extra pay

Management has discussed the reasons that I did not take a meal period on the date noted above. I understand that I am responsible for taking my meal period per Company policy and state law.

Employee Signature

Date

REST BREAK

Employee Name: _____

Employee ID: _____

Date: _____

Supervisor/Manager Name: _____

The above employee has missed a rest break(s) on the date specified for the corresponding reason as listed below:

- Employee chose not to take their rest break(s). Date: _____ No extra pay
- Employee had no coverage due to short staffing. Date: _____ 1 hr. extra pay
- Employee was asked to skip rest break(s) due to business demands. Date: _____ 1 hr. extra pay

Management has discussed the reasons that I did not take a rest break(s) on the date noted above. I understand that I am responsible for taking my meal period per Company policy and state law.

Employee Signature

Date

California Paid Sick Leave

Governor Gavin Newsom recently signed SB 616, introducing updates to California Paid Sick Leave laws that go into effect on January 1, 2024. This summarizes the key modifications in SB 616 you should be aware of.

More Sick Leave

Like the existing California Paid Sick Leave law, beginning January 1, 2024, the new law allows employees to accrue not less than 1 hour of paid sick leave for every 30 hours worked. An employer may satisfy the accrual requirements under the new law by providing at least 24 hours or 3 days of paid sick leave that is available to the employee to use by the completion of the employee's 120th calendar day of employment, and at least 40 hours or 5 days of paid sick leave that is available to the employee to use by the completion of the employee's 200th calendar day of employment.

In the alternative, the new law also allows employers to frontload 40 hours or 5 days of paid sick leave to employees.

Bigger Carryover and “Full Amount of Leave”

Per the current California Paid Sick Leave law, sick leave must carry over to the next calendar year, but usage can be limited to 24 hours or 3 days in a year. The new law increases the annual use and carryover of paid sick leave to 40 hours or 5 days and redefines the “full amount of leave” as 5 days or 40 hours.

If an employer frontloads 40 hours or 5 days of paid sick leave (the full amount of paid sick leave amount) at the beginning of the year, the employer does not have to carry over any paid sick leave.

Higher Accrual Thresholds

Per the new California Paid Sick Leave Law, an employer may cap accrued paid sick leave at 80 hours or 10 days, whichever is greater.

Interaction With City of LA Paid Sick Leave

An employee who performs at least two hours of work in a particular week within the City of Los Angeles is subject to the City of LA Paid Sick Leave Ordinance. Per the Ordinance, the employer is required to provide at least 48 hours of paid sick leave, a more generous grant of paid sick leave than under the new California Paid Sick Leave law. Nonetheless, some provisions of the CA Paid Sick Leave law are more generous than the provisions of the City of LA Paid Sick Leave law, and as such, employers must defer to the CA Paid Sick Leave law for those provisions because it takes precedence over any local laws that conflict with its new sick leave rules.

More specifically, under the new CA Paid Sick Leave law, if an employer is using the accrual method, the employer shall have an accrual cap of not less than 80 hours as opposed to the 72-hour cap required under the City of LA Paid Sick Leave Ordinance. As such, employers using the accrual method whose current policy caps paid sick leave accrual to 72 hours must increase the accrual cap to 80 hours.

Please note that if an employer is using the frontload method to frontload 48 hours of paid sick leave under the City of LA Ordinance, the employer does not have to update the accrual cap from 72 to 80 hours since the new California Paid Sick Leave Law does not require an employer to carry over any paid sick leave if the employer frontloads the full amount of paid sick leave.

More Sick Leave for Supportive Services Providers

In-home supportive services providers now accrue 40 hours or 5 days of sick leave yearly, starting from January 1, 2024.

Collective Bargaining Agreement Employees

The amended paid sick leave law still exempts some collective bargaining agreements from the accrual requirement. However, SB 616 extends certain provisions of California’s paid sick leave law to these agreement employees. Under the modified California Labor Code Section 246.5, these employees can use paid sick leave for the same reasons as regular employees. Employers cannot require these employees to find replacements when using sick days, and retaliation is prohibited. Employees have a presumption of retaliation if adverse action occurs within 30 days of protected activity.

Local Ordinance Preemption

SB 616 takes precedence over local laws that conflict with these new sick leave rules.

Changes for Existing Paid Leave Policies

Employers should prepare for SB 616’s effective date by reviewing and revising their paid sick leave policies to comport with the new paid sick leave requirements and accrual and usage caps. Employers with paid leave policies don’t need to provide additional sick days if employees can earn at least 5 days or 40 hours within 6 months. We will continue to keep you apprised of any additional updates. Feel free to contact our legal team for assistance.

SICK LEAVE POLICY
Accrual Method

Employees who have worked at least thirty (30) days within a year are entitled to paid sick leave under the California Healthy Workplaces, Healthy Families Act.

Eligible employees will accrue one (1) hour of paid sick time for every thirty (30) hours worked. These days are earned from the date of hire and are available after completion of the employee's first ninety (90) days of employment. Any accrued and unused sick leave will carry over to the next year subject to a cap.

Employees may accrue up to a maximum of eighty hours (80) hours or ten (10) days of paid sick time each year. Once this eighty (80) hour or ten (10) day cap is reached, no additional paid sick time will be accrued.

The maximum amount of paid sick time an employee is allowed to use in each year of employment is forty (40) hours or five (5) days, regardless of how much sick time the employee has accrued. The minimum increment of use of paid sick leave is two (2) hours.

Use of Sick Time

Employees are entitled to use paid sick time starting after the 90th day of employment for the following reasons: (1) diagnosis, care or treatment of an existing health condition of the employee or a covered family member of the employee, (2) preventative care for the employee or a covered family member of the employee, (3) for court dates, medical treatment, or counseling or safety planning when the employee is a victim of domestic violence, sexual assault or stalking and (4) bereavement leave. Covered family members include the employee's parent, child, spouse, registered domestic partner, grandparent, grandchild, sibling, spouse's or registered domestic partner's parent, and designated person.

Employees entitled to use paid sick time will be paid based on the Employee's regular rate of pay in effect at the time the sick leave is taken.

If the need for paid sick leave is foreseeable, employees must provide advance oral or written notification to their supervisor or the Office Manager. Advance notice requires notification at least one (1) hour before their scheduled starting time. If the need for paid sick leave is not foreseeable, employees must provide notice to their supervisor or Office Manager as soon as practical. An employee's use of paid sick time may run concurrently with other leaves under state or federal law.

Unused sick time accrued will not be made payable to employees upon leaving the service of the Company, regardless of the reason for separation. Employees who are rehired within one year of separation from employment may be eligible for reinstatement of previously accrued paid sick time. Payment for sick days is not considered as time worked in the computation of overtime.

Employees will generally be required to submit a certification from their treating licensed medical care practitioner upon returning to work after an absence of three (3) consecutive days or more. Employees will be required to provide a release from their medical care practitioner to return to work if the employee is hospitalized for twenty-four (24) hours or more or for outpatient surgery.

¹ Many cities and counties have mandatory sick leave ordinances including L.A. City that provide 48 hours of sick leave with a cap of 72 hours. Please check with your attorney if this applies to you and obtain advice regarding a compliant policy.

SICK LEAVE POLICY
Frontloading

Full-Time and Part-Time Employees

Employees who have worked at least thirty (30) days within a year are entitled to paid sick leave under the California Healthy Workplaces, Healthy Families Act.

Eligible employees will be granted five (5) days or forty (40) hours of paid sick time benefits, whichever is greater, up front on January 1 of every year. A lump sum of five (5) days or forty (40) hours of available paid sick leave will appear on the employees' first annual pay stub. There is no carryover of unused time from year to year, and employees start fresh each year.

The minimum increment of use of paid sick leave is two (2) hours.

Use of Sick Time (All Employees)

Employees are entitled to use paid sick time after the 90th day of employment for the following reasons: (1) diagnosis, care or treatment of an existing health condition of the employee or a covered family member of the employee, (2) preventative care for the employee or a covered family member of the employee, (3) for court dates, medical treatment, or counseling or safety planning when the employee is a victim of domestic violence, sexual assault or stalking and (4) bereavement leave. Covered family members include the employee's parent, child, spouse, registered domestic partner, grandparent, grandchild, sibling, spouse's or registered domestic partner's parent, and designated person.

Employees entitled to use paid sick time will be paid based on the Employee's regular rate of pay in effect at the time the sick leave is taken.

If the need for paid sick leave is foreseeable, employees must provide advance oral or written notification to their supervisor or the Office Manager. Advance notice requires notification at least one (1) hour before their scheduled starting time. If the need for paid sick leave is not foreseeable, employees must provide notice to their supervisor or Office Manager as soon as practical. An employee's use of paid sick time may run concurrently with other leaves under state or federal law.

Unused sick time accrued will not be made payable to employees upon leaving the service of the Company, regardless of the reason for separation. Employees who are rehired within one year of separation from employment may be eligible for reinstatement of previously accrued paid sick time. Payment for sick days is not considered as time worked in the computation of overtime.

Employees will generally be required to submit a certification from their treating licensed medical care practitioner upon returning to work after an absence of three (3) consecutive days or more. Employees will be required to provide a release from their medical care practitioner to return to work if the employee is hospitalized for twenty-four (24) hours or more or for outpatient surgery.

Subject to the conditions that they be employed by the Company in California for thirty (30) or more days within a year from the commencement of employment and have been employed by the Company for at least ninety (90) days from the date of hire, seasonal and temporary employees will be entitled to use paid sick leave which they will accrue based on the number of hours worked at the rate of one (1) hour for every thirty (30) hours worked.

¹ Many cities and counties have mandatory sick leave ordinances including L.A. City that provide 48 hours of sick leave with a cap of 72 hours. Please check with your attorney if this applies to you and obtain advice regarding a compliant policy.

Minutes to Decimal Hours Conversion Chart

Minutes	Decimal Hours
1	0.02
2	0.03
3	0.05
4	0.07
5	0.08
6	0.10
7	0.12
8	0.13
9	0.15
10	0.17
11	0.18
12	0.20
13	0.22
14	0.23
15	0.25
16	0.27
17	0.28
18	0.30
19	0.32
20	0.33
21	0.35
22	0.37
23	0.38
24	0.40
25	0.42
26	0.43
27	0.45
28	0.47
29	0.48
30	0.50

Minutes	Decimal Hours
31	0.52
32	0.53
33	0.55
34	0.57
35	0.58
36	0.60
37	0.62
38	0.63
39	0.65
40	0.67
41	0.68
42	0.70
43	0.72
44	0.73
45	0.75
46	0.77
47	0.78
48	0.80
49	0.82
50	0.83
51	0.85
52	0.87
53	0.88
54	0.90
55	0.92
56	0.93
57	0.95
58	0.97
59	0.98
60	1.00

Example: 30 hours and 25 minutes (30:25) is equivalent to 30.42 decimal hours.

Time of Hire Notice

This notice, or a similar one that has been approved by the Administrative Director, must be given to all newly hired employees in the State of California. Employers and claims administrators may use the content of this document and put their logos and additional information on it. The content of this notice applies to all industrial injuries that occur on or after January 1, 2013.

WHAT IS WORKERS' COMPENSATION?

If you get hurt on the job, your employer is required by law to pay for workers' compensation benefits. You could get hurt by:

One event at work. Examples: hurting your back in a fall, getting burned by a chemical that splashes on your skin or getting hurt in a car accident while making deliveries.

—or—

Repeated exposures at work. Examples: hurting your hand, back, or other part of your body from doing the same repeated motion or losing your hearing because of constant loud noise

—or—

Workplace crime. Examples: you get hurt in a store robbery, physically attacked by an unhappy customer.

Discrimination is illegal

It is illegal under Labor Code section 132a for your employer to punish or fire you because you:

- File a workers' compensation claim
- Intend to file a workers' compensation claim
- Settle a workers' compensation claim
- Testify or intend to testify for another injured worker.

If it is found that your employer discriminated against you, he or she may be ordered to return you to your job. Your employer may also be made to pay for lost wages, increased workers' compensation benefits, and costs and expenses set by state law.

WHAT ARE THE BENEFITS?

- **Medical care:** Paid for by your employer to help you recover from an injury or illness caused by work. Doctor visits, hospital services, physical therapy, lab tests and x-rays are some of the medical services that may be provided. These services should be necessary to treat your injury. There are limits on some services such as physical and occupational therapy and chiropractic care.



- **Temporary Disability (TD) benefits:** Payments if you lose wages because your injury prevents you from doing your usual job while recovering. The amount you may get is up to two-thirds of your wages. There are minimum and maximum payment limits set by state law. You will be paid every two weeks if you are eligible. For most injuries, payments may not exceed 104 weeks within five years from your date of injury. Temporary Disability (TD) stops when you return to work, or when the doctor releases you for work, or says your injury has improved as much as it's going to.
- **Permanent Disability (PD) benefits:** Payments if you don't recover completely. You will be paid every two weeks if you are eligible. There are minimum and maximum weekly payment rates established by state law. The amount of payment is based on:
 - Your doctor's medical reports
 - Your age
 - Your occupation
- **Supplemental Job Displacement Benefits (SJDB):** This is a voucher for up to \$6,000 that you can use for retraining or skill enhancement at an approved school, books, tools, licenses or certification fees, or other resources to help you find a new job. You are eligible for this voucher if:
 - You have a permanent disability.
 - Your employer does not offer regular, modified, or alternative work, **within 60 days** after the claims administrator receives a doctor's report saying you have made a maximum medical recovery.
- **Return-to-Work Supplemental Program (RTWSP):** For dates of injury after 1/1/2013, you may qualify for additional money from the Division of Workers' compensation program known as the Return-to-Work Supplement Program (RTWSP) if you received the Supplemental Job Displacement Voucher (SJDB). If you have questions or think you qualify, contact the Information & Assistance Unit by calling 1-800-736-7401 or visit website: <https://www.dir.ca.gov/RTWSP/RTWSP.html>
- **Death benefits:** Payments to your spouse, children or other dependents if you die from a job injury or illness. The amount of payment is based on the number of dependents. The benefit is paid every two weeks at a rate of at least \$224 per week. In addition, workers' compensation provides a burial allowance.



OTHER BENEFITS

You may file a claim with the Employment Development Department (EDD) to get state disability benefits when workers' compensation benefits are delayed, denied, or have ended. There are time restrictions so for more information contact the local office of EDD or go to their web site www.edd.ca.gov.

Workers' compensation fraud is a crime

Any person who makes or causes to be made any knowingly false statement in order to obtain or deny workers' compensation benefits or payments is guilty of a felony. If convicted, the person will have to pay fines up to \$150,000 and/or serve up to five years in jail.

WHAT SHOULD I DO IF I HAVE AN INJURY?

Report your injury to your employer

Tell your supervisor right away no matter how slight the injury may be. Don't delay – there are time limits. You could lose your right to benefits if your employer does not learn of your injury within 30 days. If your injury or illness is one that develops over time, report it as soon as you learn it was caused by your job. If you cannot report to the employer or don't hear from the claims administrator after you have reported your injury, contact the claims administrator yourself.

Workers' compensation insurance company or if employer is self-insured, person responsible for handling the claim is:

Address: _____

Phone: _____

You may be able to find the name of your employer's workers' compensation insurer at www.caworkcompcoverage.com. If no coverage exists or coverage has expired, contact the Division of Labor Standards Enforcement at www.dir.ca.gov/DLSE as all employees must be covered by law.

Get emergency treatment if needed

If it's a medical emergency, go to an emergency room right away. Tell the medical provider who treats you that your injury is job related. Your employer may tell you where to go for treatment.



Emergency telephone number: Call 911 for an ambulance, fire department or police. For non-emergency medical care, contact your employer, the workers' compensation claims administrator or go to this facility:

Fill out DWC 1 claim form and give it to your employer

Your employer must give you a DWC 1 claim form within one working day after learning about your injury or illness. Complete the employee portion, sign and give it back to your employer. Your employer will then file your claim with the claims administrator. Your employer must authorize treatment within **one working day** of receiving the **DWC 1 claim form**. If the injury is from repeated exposures, you have **one year** from when you realized your injury was job related to file a claim.

In either case, you may receive up to **\$10,000** in employer-paid medical care until your claim is either accepted or denied. The claims administrator has **up to 90 days** to decide whether to accept or deny your claim. Otherwise, your case is presumed payable. Your employer or the claims administrator will send you "benefit notices" that will advise you of the status of your claim.

MORE ABOUT MEDICAL CARE

What is a Primary Treating Physician (PTP)?

This is the doctor with overall responsibility for treating your injury or illness. He or she may be:

- The doctor you name in writing *before* you get hurt on the job
- A doctor from the medical provider network (MPN)
- The doctor chosen by your employer during the first 30 days of injury if your employer does not have an MPN or
- The doctor you chose after the first 30 days if your employer does not have a MPN.

What is a Medical Provider Network (MPN)?

A MPN is a select group of health care providers who treat injured workers. Check with your employer to see if they are using a MPN. If you have not named a doctor before you get hurt and your employer is using a MPN, you will see a MPN doctor. After your first visit, you are free to choose another doctor from the MPN list.

What is Predesignation?

Predesignation is when you name your regular doctor to treat you if you get hurt on the job. The doctor must be a medical doctor (M.D.), doctor of osteopathic medicine (D.O.) or a medical group with an M.D. or D.O. You must name your doctor in writing *before* you get hurt or become ill.



Consult with an attorney

Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fees may be taken out of some of your benefits. For names of workers' compensation attorneys, call the State Bar of California at **1-415-538-2120** or go visit their website at www.californiaspecialist.org. You may also get a list of attorneys from your local I&A Unit by calling **1-800-736-7401**.

Warning

Your employer may not pay workers' compensation benefits if you get hurt in a voluntary off- duty recreational, social or athletic activity that is not part of your work-related duties.

Additional Rights

You may also have other rights under the Americans with Disabilities Act (ADA) or the California Fair Employment and Housing Act (FEHA). For additional information, contact California Civil Rights Department (CRD) at 1-800-884-1684 or the Equal Employment Opportunity Commission (EEOC) at 1-800-669-4000.

The information contained in this notice conforms to the informational requirements found in Labor Code sections 3551 and 3553 and California Code of Regulation, Title 8, sections 9880 and 9883. This document is approved by the Division of Workers' Compensation Administrative Director.

Please visit the Division of Workers' Compensation website at: www.dwc.ca.gov or call 1-800-736-7401

Department of Industrial Relations
1515 Clay Street, 17th Floor
Oakland, CA 94612



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.

NOTICE OF PERSONAL CHIROPRACTOR OR PERSONAL ACUPUNCTURIST

If your employer or your employer's insurer does not have a Medical Provider Network, you may be able to change your treating physician to your personal chiropractor or acupuncturist following a work-related injury or illness. In order to be eligible to make this change, you must give your employer the name and business address of a personal chiropractor or acupuncturist in writing prior to the injury or illness. Your claims administrator generally has the right to select your treating physician within the first 30 days after your employer knows of your injury or illness. After your claims administrator has initiated your treatment with another doctor during this period, you may then, upon request, have your treatment transferred to your personal chiropractor or acupuncturist.

NOTE: If your date of injury is January 1, 2004 or later, a chiropractor cannot be your treating physician after you have received 24 chiropractic visits unless your employer has authorized additional visits in writing. The term "chiropractic visit" means any chiropractic office visit, regardless of whether the services performed involve chiropractic manipulation or are limited to evaluation and management. Once you have received 24 chiropractic visits, if you still require medical treatment, you will have to select a new physician who is not a chiropractor. This prohibition shall not apply to visits for postsurgical physical medicine visits prescribed by the surgeon, or physician designated by the surgeon, under the postsurgical component of the Division of Workers' Compensation's Medical Treatment Utilization Schedule.

You may use this form to notify your employer of your personal chiropractor or acupuncturist.

Your Chiropractor or Acupuncturist's Information:

(name of chiropractor or acupuncturist)

(street address, city, state, zip code)

(Telephone number)

Employee Name (please print): _____

Employee's Address:

Employee's Signature _____ Date: _____

Title 8, California Code of Regulations, section 9783.1.
(Optional DWC Form 9783.1 Effective date July 1, 2014)

