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## THE TOP NINE NEW LAWS AFFECTING EMPLOYERS IN 2018

**January, 2018**

***Presented By:***

***San Fernando Valley Location:***

Roxana E. Verano, Esq.

***Ventura County Location:***

Marie D. Davis, Esq.

***This program has been approved for 1.50 hours (California) recertification credit hours toward PHR, SPHR & GPHR through the HR Certification Institute (HRCI) and SHRM-CP and SHRM-SCP.***

***"The use of these seals is not an endorsement by HRCI and SHRM of the quality of the program. It means that this program has met HRCI and SHRM's criteria to be pre-approved for recertification credit."***



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15760 Ventura Blvd.  
Suite 1200  
Encino, CA 91436  
(818) 986-7561  
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**Ventura Office**  
751 Daily Drive  
Suite 325  
Camarillo, CA 93010  
(805) 987-7128  
Fax (805) 987-7148

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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## 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. <b>You may exclude any whose names would indicate the race, religious creed, color, national origin, or ancestry of its members.</b> _____ _____					

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

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

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## 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:
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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:

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## 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? __ Yes __ 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? __ Yes __ 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? __ Yes __ 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 a marijuana related conviction that:

- (1) 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.

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## 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 (DFEH)
- Healthy Workplaces/Healthy Families Act of 2014 - Paid Sick Leave
- Equal Employment Opportunity is THE LAW
- 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 (DFEH)
- Your Rights and Obligations as a Pregnant Employee
- Family Care and Medical Leave (CFRA 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.

**Main Office**  
15760 Ventura Blvd.  
Suite 1200  
Encino, CA 91436  
(818) 986-7561  
Fax (818) 986-5147

**Ventura Office**  
751 Daily Drive  
Suite 325  
Camarillo, CA 93010  
(805) 987-7128  
Fax (805) 987-7148



# NOTICES TO POST

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## 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 on request)

**Main Resource:** <https://store.calchamber.com/productdetails.aspx?id=10032178&itemno=MASTRNKP>

**Additional Resources:** PLEASE SEE CALIFORNIA DEPARTMENT OF INDUSTRIAL RELATIONS WEB SITE AT [WWW.DIR.CA.GOV/WP](http://WWW.DIR.CA.GOV/WP) TO ORDER MOST OF THE ABOVE NOTICES ONLINE, E-MAIL OR FAX.

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

CALIFORNIA DEPARTMENT OF FAIR EMPLOYMENT & HOUSING (DFEH) (213) 439-6799  
611 West Sixth Street, Suite 1500  
Los Angeles, California 90017  
<http://www.dfeh.ca.gov>

DEPARTMENT OF INDUSTRIAL RELATIONS (213) 620-6330  
DIVISION OF LABOR STANDARDS  
ENFORCEMENT (DIR/DLSE)  
320 West Fourth Street, 10<sup>th</sup> 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 (213) 894-1118  
Roybal Federal Building  
255 East Temple Street, 4<sup>th</sup> Floor  
Los Angeles, California 90012  
<https://www.eeoc.gov>

CALIFORNIA CHAMBER OF COMMERCE (800) 331-8877  
Go online to the Cal Chamber Store to obtain required notices, kits and posters:  
<http://store.calchamber.com/10032181/products/required-by-law>

CAL OSHA (818) 901-5403  
<https://www.osha.gov/oshdir/ca.html>

# TRANSGENDER RIGHTS IN THE WORKPLACE



## WHAT DOES "TRANSGENDER" MEAN?

Transgender is a term used to describe people whose gender identity differs from the sex they were assigned at birth. Gender expression is defined by the law to mean a "person's gender-related appearance and behavior whether or not stereotypically associated with the person's assigned sex at birth." Gender identity and gender expression are protected characteristics under the Fair Employment and Housing Act. That means that employers, housing providers, and businesses may not discriminate against someone because they identify as transgender or gender non-conforming. This includes the perception that someone is transgender or gender non-conforming.

## WHAT IS A GENDER TRANSITION?

- 1 "Social transition" involves a process of socially aligning one's gender with the internal sense of self (e.g., changes in name and pronoun, bathroom facility usage, participation in activities like sports teams).
- 2 "Physical transition" refers to medical treatments an individual may undergo to physically align their body with internal sense of self (e.g., hormone therapies or surgical procedures).

A person does not need to complete any particular step in a gender transition in order to be protected by the law. An employer may not condition its treatment of a transitioning employee upon completion of a particular step in a gender transition.

## FAQ FOR EMPLOYERS

*What is an employer allowed to ask?* Employers may ask about an employee's employment history, and may ask for personal references, in addition to other non-discriminatory questions. An interviewer should not ask questions designed to detect a person's gender identity, including asking about their marital status, spouse's name, or relation of household members to one another. Employers should not ask questions about a person's body or whether they plan to have surgery.

*How do employers implement dress codes and grooming standards?* An employer who requires a dress code must enforce it in a non-discriminatory manner. This means that, unless an employer can demonstrate business necessity, each

employee must be allowed to dress in accordance with their gender identity and gender expression. Transgender or gender non-conforming employees may not be held to any different standard of dress or grooming than any other employee.

*What are the obligations of employers when it comes to bathrooms, showers, and locker rooms?* All employees have a right to comparable, safe, and adequate restroom and locker room facilities. This includes the right to use a restroom or locker room that corresponds to the employee's gender identity or gender expression, regardless of the employee's assigned sex at birth. In addition, to respect the privacy interests of all employees, employers should provide feasible alternatives, such as locking toilet stalls, staggered schedules for showering, shower curtains, or other feasible methods of ensuring privacy. An employer may not require an employee to use a particular facility. Unless exempted by other provisions of state law, all single-user toilet facilities in any business establishment, place of public accommodation, or state or local government agency must be identified as all-gender toilet facilities.

## FILING A COMPLAINT

If you believe you are a victim of discrimination you may, within one year of the discrimination, file a complaint of discrimination by contacting DFEH.

If you have a disability that prevents you from submitting a written intake form online, by mail, or email, DFEH can assist you by scribing your intake by phone or, for individuals who are Deaf or Hard of Hearing or have speech disabilities, through the California Relay Service (711), or call us through your VRS at (800) 884-1684 (voice). DFEH is committed to providing access to our materials in an alternative format as a reasonable accommodation for people with disabilities when requested.

To schedule an appointment or to discuss your preferred format to access our materials or webpages, contact the Communication Center at (800) 884-1684 (voice or via relay operator 711) or (800) 700-2320 (TTY) or by email at [contact.center@dfeh.ca.gov](mailto:contact.center@dfeh.ca.gov).

## FOR MORE INFORMATION

Department of Fair Employment and Housing  
Toll Free: (800) 884-1684 TTY: (800) 700-2320 [dfeh.ca.gov](http://dfeh.ca.gov)

Also find us on:





# CALIFORNIA LAW PROHIBITS WORKPLACE DISCRIMINATION AND HARASSMENT

THE CALIFORNIA DEPARTMENT OF FAIR EMPLOYMENT AND HOUSING (DFEH) ENFORCES LAWS THAT PROTECT YOU FROM ILLEGAL DISCRIMINATION AND HARASSMENT IN EMPLOYMENT BASED ON YOUR ACTUAL OR PERCEIVED:

- ANCESTRY
- AGE (40 and above)
- COLOR
- DISABILITY (physical and mental, including HIV and AIDS)
- GENETIC INFORMATION
- GENDER IDENTITY, GENDER EXPRESSION
- MARITAL STATUS
- MEDICAL CONDITION (genetic characteristics, cancer or a record or history of cancer)
- MILITARY OR VETERAN STATUS
- NATIONAL ORIGIN (includes language use and possession of a driver's license issued to persons unable to prove their presence in the United States is authorized under federal law)
- RACE
- RELIGION (includes religious dress and grooming practices)
- SEX/GENDER (includes pregnancy, childbirth, breastfeeding and/or related medical conditions)
- SEXUAL ORIENTATION

THE CALIFORNIA FAIR EMPLOYMENT AND HOUSING ACT (GOVERNMENT CODE SECTIONS 12900 THROUGH 12996) AND ITS IMPLEMENTING REGULATIONS (CALIFORNIA CODE OF REGULATIONS, TITLE 2, SECTIONS 11000 THROUGH 11141):

- ① Prohibit harassment of employees, applicants, unpaid interns, volunteers, and independent contractors by any persons and require employers to take all reasonable steps to prevent harassment. This includes a prohibition against sexual harassment, gender harassment, harassment based on pregnancy, childbirth, breastfeeding and/or related medical conditions, as well as harassment based on all other characteristics listed above.
- ② Require that all employers provide information to each of their employees on the nature, illegality, and legal remedies that apply to sexual harassment. Employers may either develop their own publications, which must meet standards set forth in California Government Code section 12950, or use a brochure from DFEH.
- ③ Require employers with 50 or more employees and all public entities to provide sexual harassment and abusive conduct prevention training for all supervisors.
- ④ Prohibit employers from limiting or prohibiting the use of any language in any workplace unless justified by business necessity. The employer must notify employees of the language restriction and consequences for violation. Also prohibits employers from discriminating against an applicant or employee because they possess a driver's license issued to a person who is unable to prove that their presence in the United States is authorized under federal law.
- ⑤ Require employers to reasonably accommodate an employee, unpaid intern, or job applicant's religious beliefs and practices, including the wearing or carrying of religious clothing, jewelry or artifacts, and hair styles, facial hair, or body hair, which are part of an individual's observance of their religious beliefs.
- ⑥ Require employers to reasonably accommodate employees or job applicants with disabilities to enable them to perform the essential functions of a job.

- ⑦ Permit job applicants, unpaid interns, volunteers, and employees to file complaints with DFEH against an employer, employment agency, or labor union that fails to grant equal employment as required by law.
- ⑧ Prohibit discrimination against any job applicant, unpaid intern, or employee in hiring, promotions, assignments, termination, or any term, condition, or privilege of employment.
- ⑨ Require employers, employment agencies, and unions to preserve applications, personnel records, and employment referral records for a minimum of two years.
- ⑩ Require employers to provide leaves of up to four months to employees disabled because of pregnancy, childbirth, or a related medical condition.
- ⑪ Require an employer to provide reasonable accommodations requested by an employee, on the advice of their health care provider, related to their pregnancy, childbirth, or a related medical condition.
- ⑫ Require employers of 50 or more persons to allow eligible employees to take up to 12 weeks leave in a 12-month period for the birth of a child; the placement of a child for adoption or foster care; for an employee's own serious health condition; or to care for a parent, spouse, or child with a serious health condition. The law also requires employers to post a notice informing employees of their family and medical leave rights.
- ⑬ Require employment agencies to serve all applicants equally, refuse discriminatory job orders, and prohibit

employers and employment agencies from making discriminatory pre-hiring inquiries or publishing help-wanted advertisements that express a discriminatory hiring preference.

- ⑭ Prohibit unions from discriminating in member admissions or dispatching members to jobs.
- ⑮ Prohibit retaliation against a person who opposes, reports, or assists another person to oppose unlawful discrimination.

## FILING A COMPLAINT

The law provides for remedies for individuals who experience prohibited discrimination or harassment in the workplace. These remedies include hiring, front pay, back pay, promotion, reinstatement, cease-and-desist orders, expert witness fees, reasonable attorney's fees and costs, punitive damages, and emotional distress damages.

Job applicants, unpaid interns, and employees: If you believe you have experienced discrimination or harassment you may file a complaint with DFEH. Independent contractors and volunteers: If you believe you have been harassed, you may file a complaint with DFEH.

Complaints must be filed within one year of the last act of discrimination/harassment or, for victims who are under the age of 18, not later than one year after the victim's eighteenth birthday.

If you have a disability that prevents you from submitting a written pre-complaint form on-line, by mail, or email, DFEH can assist you by scribing your pre-complaint by phone or, for individuals who are Deaf or Hard of Hearing or have speech disabilities, through the California Relay Service (711), or call us through your VRS at (800) 884-1684 (voice).

To schedule an appointment, contact the Communication Center at (800) 884-1684 (voice or via relay operator 711) or (800) 700-2320 (TTY) or by email at [contact.center@dfeh.ca.gov](mailto:contact.center@dfeh.ca.gov).

*DFEH is committed to providing access to our materials in an alternative format as a reasonable accommodation for people with disabilities when requested.*

Contact DFEH at  
(800) 884-1684  
(voice or via relay operator 711),  
TTY (800) 700-2320,  
or [contact.center@dfeh.ca.gov](mailto:contact.center@dfeh.ca.gov)  
to discuss your preferred format to access our materials or webpages.

DFEH-E07P-ENG / May 2017

## FOR MORE INFORMATION

Department of Fair Employment  
and Housing

Toll Free: (800) 884-1684  
TTY: (800) 700-2320  
Online: [www.dfeh.ca.gov](http://www.dfeh.ca.gov)

Also find us on:



*Government Code section 12950 and California Code of Regulations, title 2, section 11013, require all employers to post this document. It must be conspicuously posted in hiring offices, on employee bulletin boards, in employment agency waiting rooms, union halls, and other places employees gather. Any employer whose workforce at any facility or establishment consists of more than 10% of non-English speaking persons must also post this notice in the appropriate language or languages.*

**YOUR RIGHTS AND OBLIGATIONS AS A PREGNANT EMPLOYEE**

If you are pregnant, have a related medical condition, or are recovering from childbirth, **PLEASE READ THIS NOTICE.**

- California law protects employees against discrimination or harassment because of an employee's pregnancy, childbirth or any related medical condition (referred to below as "because of pregnancy"). California law also prohibits employers from denying or interfering with an employee's pregnancy-related employment rights.

- Your employer has an obligation to:

- reasonably accommodate your medical needs related to pregnancy, childbirth or related conditions (such as temporarily modifying your work duties, providing you with a stool or chair, or allowing more frequent breaks);

- transfer you to a less strenuous or hazardous position (where one is available) or duties if medically needed because of your pregnancy; and

- provide you with pregnancy disability leave (PDL) of up to four months (the working days you normally would work in one-third of a year or 17 1/3 weeks) and return you to your same job when you are no longer disabled by your pregnancy or, in certain instances, to a comparable job. Taking PDL, however, does not protect you from non-leave related employment actions, such as a layoff.

- provide a reasonable amount of break time and use of a room or other location in close proximity to the employee's work area to express breast milk in private as set forth in the Labor Code.

- For pregnancy disability leave:

- PDL is not for an automatic period of time, but for the period of time that you are disabled by pregnancy. Your health care provider determines how much time you will need.

- Once your employer has been informed that you need to take PDL, your employer must guarantee in writing that you can return to work in your same position if you request a written guarantee. Your employer may require you to submit written medical certification from your health care provider substantiating the need for your leave.

- PDL may include, but is not limited to, additional or more frequent breaks, time for prenatal or postnatal medical appointments, doctor-ordered bed rest, severe morning sickness, gestational diabetes, pregnancy-induced hypertension, preeclampsia, recovery from childbirth or loss or end of pregnancy, and/or post-partum depression.

- PDL does not need to be taken all at once but can be taken on an as-needed basis as required by your health care provider, including intermittent leave or a reduced work schedule, all of which counts against your four month entitlement to leave.

- Your leave will be paid or unpaid depending on your employer's policy for other medical leaves. You may also be eligible for state disability insurance or Paid Family Leave (PFL), administered by the California Employment Development Department.

- At your discretion, you can use any vacation or other paid time off during your PDL.

- ° Your employer may require or you may choose to use any available sick leave during your PDL.
- ° Your employer is required to continue your group health coverage during your PDL at the same level and under the same conditions that coverage would have been provided if you had continued in employment continuously for the duration of your leave.
- ° Taking PDL may impact certain of your benefits and your seniority date; please contact your employer for details.
- ° If possible, you must provide at least 30 days' advance notice for foreseeable events (such as the expected birth of a child or a planned medical treatment for yourself). For events that are unforeseeable, we need you to notify us, at least verbally, as soon as you learn of the need for the leave. Failure to comply with these notice rules is grounds for, and may result in, deferral of the requested leave until you comply with this notice policy.

### **Notice Obligations as an Employee.**

- Give your employer reasonable notice: To receive reasonable accommodation, obtain a transfer, or take PDL, you must give your employer sufficient notice for your employer to make appropriate plans. Sufficient notice means 30 days advance notice if the need for the reasonable accommodation, transfer, or PDL is foreseeable, otherwise as soon as practicable if the need is an emergency or unforeseeable.
- Provide a Written Medical Certification from Your Health Care Provider. Except in a medical emergency where there is no time to obtain it, your employer may require you to supply a written medical certification from your health care provider of the medical need for your reasonable accommodation, transfer or PDL. If the need is an emergency or unforeseeable, you must provide this certification within the time frame your employer requests, unless it is not practicable for you to do so under the circumstances despite your diligent, good faith efforts. Your employer must provide at least 15 calendar days for you to submit the certification. See your employer for a copy of a medical certification form to give to your health care provider to complete.
- **PLEASE NOTE** that if you fail to give your employer reasonable advance notice or, if your employer requires it, written medical certification of your medical need, your employer may be justified in delaying your reasonable accommodation, transfer, or PDL.

### **Additional Rights under California Family Rights Act (CFRA) Leave**

- You also may be entitled to additional rights under the California Family Rights Act of 1993 (CFRA) if you have more than 12 months of service with us and have worked at least 1,250 hours in the 12-month period before the date you want to begin your leave. This leave may be up to 12 workweeks in a 12-month period for the birth, adoption, or foster care placement of your child or for your own serious health condition (not related to pregnancy) or that of your child, parent or spouse. While the law provides only unpaid leave, employees may choose or employers may require use of accrued paid leave while taking CFRA leave under certain circumstances. For further information on the availability CFRA leave, please review your employer's Notice regarding the availability of CFRA leave.

This notice is a summary of your rights and obligations under the Fair Employment and Housing Act (FEHA). For more information about your rights and obligations as a pregnant employee, contact your employer, visit the Department of Fair Employment and Housing's Web site at [www.dfeh.ca.gov](http://www.dfeh.ca.gov), or contact the Department at (800) 884-1684. The text of the FEHA and the regulations interpreting it are available on the Department of Fair Employment and Housing's Web site at [www.dfeh.ca.gov](http://www.dfeh.ca.gov).





## FAMILY CARE AND MEDICAL LEAVE (CFRA LEAVE) AND PREGNANCY DISABILITY LEAVE

Under the California Family Rights Act of 1993 (CFRA), if you have more than 12 months of service with us and have worked at least 1,250 hours in the 12-month period before the date you want to begin your leave, you may have a right to family care or medical leave (CFRA leave). This leave may be up to 12 workweeks in a 12-month period for the birth, adoption, or foster care placement of your child or for your own serious health condition or that of your child, parent or spouse. While the law provides only unpaid leave, employees may choose or employers may require use of accrued paid leave while taking CFRA leave under certain circumstances.

Even if you are not eligible for CFRA leave, if you are disabled by pregnancy, childbirth or a related medical condition, you are entitled to take a pregnancy disability leave of up to four months, depending on your period(s) of actual disability. If you are CFRA-eligible, you have certain rights to take BOTH a pregnancy disability leave and a CFRA leave for reason of the birth of your child. Both leaves contain a guarantee of reinstatement—for pregnancy disability it is to the same position and for CFRA it is to the same or a comparable position—at the end of the leave, subject to any defense allowed under the law.

If possible, you must provide at least 30 days' advance notice for foreseeable events (such as the expected birth of a child or a planned medical treatment for yourself or of a family member). For events that are unforeseeable, we need you to notify us, at least verbally, as soon as you learn of the need for the leave. Failure to comply with these notice rules is grounds for, and may result in, deferral of the requested leave until you comply with this notice policy.

We may require certification from your health care provider before allowing you a leave for pregnancy disability or for your own serious health condition. We also may require certification from the health care provider of your child, parent or spouse, who has a serious health condition, before allowing you a leave to take care of that family member. When medically necessary, leave may be taken on an intermittent or reduced work schedule.

If you are taking a leave for the birth, adoption, or foster care placement of a child, the basic minimum duration of the leave is two weeks, and you must conclude the leave within one year of the birth or placement for adoption or foster care.

Taking a family care or pregnancy disability leave may impact certain of your benefits and your seniority date. If you want more information regarding your eligibility for a leave and/or the impact of the leave on your seniority and benefits, please contact \_\_\_\_\_.

**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 AND STALKING**

***Your Right to Take Time Off:***

- You have the right to take time off from work to get help to protect you and your children's health, safety or welfare. You can take time off to get a restraining order or other court order.
- If your company has 25 or more workers, you can take time off from work to get medical attention or services from a domestic violence shelter, program or rape crisis center, psychological counseling, or receive safety planning related to domestic violence, sexual assault, or stalking.
- You may use available vacation, personal leave, accrued paid sick leave or compensatory time off 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 before, 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, court order or doctor's or counselor's note or similar document.

***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, or stalking.
- 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](http://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.



**LOS EMPLEADORES DEBEN DAR ESTA INFORMACIÓN A LOS TRABAJADORES NUEVOS  
CUANDO SON CONTRATADOS Y A AQUELLOS TRABAJADORES QUE LO SOLICITEN**

**DERECHOS DE LAS VÍCTIMAS DE VIOLENCIA DOMÉSTICA,  
AGRESIÓN SEXUAL Y ACOSO**

***Su derecho a ausentarse por un tiempo:***

- Tiene derecho a pedir y obtener permiso para ausentarse del trabajo para buscar ayuda para proteger la salud, la seguridad o el bienestar suyo y de sus hijos. Puede ausentarse para solicitar una orden de alejamiento u otra orden judicial.
- Si su compañía tiene 25 trabajadores o más, usted puede obtener un permiso laboral para recibir atención médica o hacer uso de los servicios de un refugio contra la violencia doméstica o de un centro de atención para víctimas de violación, recibir asesoría psicológica o recibir planificación de seguridad relacionada con la violencia doméstica, la agresión sexual o el acoso.
- Puede usar sus días de vacaciones disponibles, licencia personal, licencia médica acumulada o tiempo libre compensatorio para ausentarse, a menos que esté bajo un acuerdo sindical que indique algo diferente. Incluso si no tiene licencia pagada, tiene derecho a ausentarse del trabajo.
- Por regla general, no tiene que entregarle prueba alguna a su empleador para ausentarse por estas razones.
- Si puede, debería avisarle a su empleador antes de ausentarse del trabajo. Incluso si no puede avisarle con anticipo, su empleador no puede disciplinarlo si usted justifica su ausencia en un plazo razonable. La prueba puede consistir en un informe policial, una orden del tribunal, un reporte médico o de un asesor, o cualquier documento similar.

***Su derecho a un ajuste razonable:***

- Tiene derecho a solicitar ayuda a su empleador o a hacer cambios en su lugar de trabajo para garantizar su seguridad en el trabajo. Su empleador debe colaborar con usted para ver qué cambios se pueden hacer. Dichas modificaciones pueden incluir que se instalen cerraduras, que cambien su turno o número de teléfono, que lo transfieran de sede o que le asignen otras responsabilidades laborales o colaborar a mantener un registro sobre lo que le ocurrió. Su empleador puede solicitarle una declaración firmada para certificar que el motivo de su solicitud es justo, y puede solicitar evidencia que justifique su necesidad de hacer modificaciones. Su empleador no puede compartir su solicitud con sus colegas ni con nadie más.

***Su derecho a la protección contra la represalia y discriminación:***

Su empleador no puede tratarlo diferente ni despedirlo porque:

- Usted es víctima de violencia doméstica, agresión sexual o acoso.
- Solicitó un permiso para obtener asistencia por estos motivos.
- Pidió ayuda o cambios a su empleador para garantizar su seguridad en el lugar de trabajo.

***Puede presentar un reclamo contra su empleador ante la Oficina del Comisionado Laboral si él/ella toma represalias o lo discrimina.***

Para más información, comuníquese con la Oficina del Comisionado Laboral de California. Podemos ayudarle al número telefónico 213-897-6595 o puede buscar una oficina local en nuestra página web: [www.dir.ca.gov/dlse/DistrictOffices.htm](http://www.dir.ca.gov/dlse/DistrictOffices.htm). Le facilitaremos un intérprete en su idioma sin costo alguno en caso de que no hable inglés. Este aviso explica los derechos contenidos en las Secciones 230 y 230.1 del Código Laboral de California. Los empleadores pueden utilizar este aviso o alguno que se le parezca mucho en contenido y claridad.

## **PARENTAL LEAVE [20–49 EMPLOYEES]**

1. **Parental Leave Defined.** The Company will provide an unpaid Parental Leave of Absence for any employee who has at least twelve (12) months service and has worked one thousand two hundred and fifty (1,250) hours during the previous twelve (12) month period. If the employee has worked the required time for the Company, the reasons for requesting a Parental Leave will determine whether the employee will receive such a leave. An employee is entitled to a Parental Leave to bond with a new child within one year of the child's birth, adoption, or foster care placement.

2. **Maximum Amount of Parental Leave.** The maximum amount of time for Parental Leave is twelve (12) weeks over the course of a twelve (12) month period, commencing on the date Parental Leave begins. When both parents are employed by the Company, the maximum combined amount of Parental Leave is twelve (12) weeks in a twelve (12) month period. [Note: "The employer may, BUT IS NOT REQUIRED TO, grant simultaneous leave to both parents." This means that the company may require that the parents take separate leaves so that both cannot be out at the same time.]

3. **Position will be Held Open.** At the termination of the leave, the employee will be returned to the same or a comparable position, unless the employee's position has been eliminated. No break in service or loss of seniority occurs during the Parental Leave.

4. **Notice Required.** Employees are required to give the Company thirty (30) days' advance notice of the date that their Parental Leave will commence, unless the event that gives rise to the need for the leave was unforeseeable, in which case the employee shall give as much notice as practicable of the date when leave will be required.

5. Interpretations of this Parental Leave policy shall be governed by California law.

6. Medical Insurance Coverage. Employees on Parental Leave who are covered by a Company-sponsored group health plan will continue to be covered during the time they would have been working for the Company, absent the Parental Leave. If the employee was paying a co-payment prior to the Parental Leave for coverage on the Company-sponsored group health plan, the employee is required to continue to make the co-payment to maintain coverage while on Parental Leave. The Company may not be required to cover employees who do not make the requisite co-payment for insurance. Employees who do not return to the Company's employ after a Parental Leave may be required to reimburse the Company for all medical premiums paid on their behalf during the parental leave.

7. Parental Leave is unpaid, and no benefits shall accrue during the period of the leave. However, employees may use any accrued vacation or sick time during such leave. Employees wishing to take a Parental Leave must fill out a request form and provide the required information to be eligible. These forms are available at the office and should be completed and submitted to your supervisor.

## 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.

(1)	January 1, 2017	\$43,680.00
(2)	January 1, 2018	\$45,760.00
(3)	January 1, 2019	\$49,920.00
(4)	January 1, 2020	\$54,080.00
(5)	January 1, 2021	\$58,240.00
(6)	January 1, 2022	\$62,400.00

Alfred J. Landegger  
Larry C. Baron  
Oscar E. Rivas

Roxana E. Verano  
Christopher L. Moriarty  
Marie D. Davis  
Brian E. Ewing  
Jennifer R. Komsky  
Rebecca L. Gombos  
Patrick E. White III

## 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)	
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				

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06-22-16