

NOTICE TO EMPLOYEE

Labor Code section 2810.5

To All PTS:

AB1522-California Paid Sick Leave

Effective 7/1/15

-Must be employed for 30 days or more to earn credit

-Earn 1 hour for every 30 hours worked

-Entitled to use accrued paid sick days

beginning the 90th day of employment

-Limited to 3 days per year

EMPLOYEE

Employee Name: _____

Start Date: _____

EMPLOYER

Legal Name of Hiring Employer: CITY OF SANTA CLARITA

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:

23920 VALENCIA BOULEVARD, SANTA CLARITA, CA 91355

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

Hiring Employer's Telephone Number: 661-284-1418

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: N/A

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: _____