

**NOTICE TO EMPLOYEE (NON-EXEMPT/CLASSIFIED ONLY)**  
**Labor Code Section 2810.5**

Employee Name: \_\_\_\_\_

Start Date: \_\_\_\_\_

**EMPLOYER**

Employer Name (Official Catholic Directory Name of Location): \_\_\_\_\_

Employer DBA (Name on Payroll Checks if different from above): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**WAGE INFORMATION**

Rate(s) of Pay: \_\_\_\_\_ (identify each rate if employee is paid at different rates for different duties)

Overtime Rate(s): \_\_\_\_\_ (= 1.5 x rate for hours worked over 8 and less than 12 in a day or for more than 40 in a week or for the first 8 hours of the 7th consecutive day worked in a week); \_\_\_\_\_ (= 2x rate for hours worked over 12 in a day, or more than 8 on the 7th consecutive day worked in a week)

Rate by (check box):  Hour  Shift  Day  Week  Salary  Piece rate  Commission

Other (provide specifics): \_\_\_\_\_

Dollar value of meal(s) or lodging provided by employer that is considered part of employee's wage: \_\_\_\_\_

***(Signing the acknowledgment of receipt below does not constitute a "voluntary written agreement" as required by law in order to credit any meals or lodging against the minimum wage. Any such voluntary written agreement must be a separate document.)***

Regular Payday: \_\_\_\_\_ (e.g., bi-weekly [every 2 weeks] on Fridays; bi-monthly [twice a month] on 1<sup>st</sup> and 15<sup>th</sup> of the month)

**PAID SICK LEAVE**

The employer's paid sick leave policy meets and exceeds the requirements of California Labor Code Sections 245-249, which provide that employees who have worked in California at least 30 days in a year may accrue and use a minimum of 3 days of paid sick leave a year. Employees have a right to request and use their accrued paid sick leave. Employees may not be retaliated against for using or requesting the use of accrued paid sick leave and have the right to file a complaint against an employer who retaliates against them. Additional information about the employer's paid sick leave policy is available online at <http://handbook.la-archdiocese.org/chapter-5/section-5-8/topic-5-8-2> and in the employer's policies and procedures which are provided to each employee. Employees in the cities of Los Angeles and Santa Monica are entitled to additional sick leave benefits; consult with Human Resources for more information.

**WORKERS' COMPENSATION**

*The employee's signature on this Notice merely constitutes acknowledgment of receipt*

Insurance Carrier's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Self-Insured (Labor Code Section 3700)  (yes)

Certificate Number for Consent to Self-Insure: 1656

\_\_\_\_\_  
(PRINT NAME of Employer representative)

\_\_\_\_\_  
(PRINT NAME of Employee)

\_\_\_\_\_  
(SIGNATURE of Employer representative)

\_\_\_\_\_  
(SIGNATURE of Employee)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)

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 7 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 7 days of the changes.

