

[DRAFT] NEW-HIRE NOTICE

Employee Name: _____

Date of Hire: _____

Section 1. Employment Agreement:

The employment agreement governing wages paid to you is [] oral or [] written. (Note: This does not apply to any aspect of your employment other than the rate of pay for services performed by you.)

Section 2. Rate(s) of Pay:

You will be paid for time worked as follows:

- Hourly pay: \$ _____ per _____
- Piece-rate or other type of pay: \$ _____ per _____
- Commission or other type(s) of pay, if applicable (described below):

- Usual overtime rate: (1) Regular Overtime: \$ _____ per hour (2) Double Time: \$ _____ per hour (Note: This amount may vary if your “regular rate” changes and will be calculated as described at “*”.)
- * 1.5 times your regular rate will be paid after 8 in a single workday or 40 in a single workweek; double your regular rate will be paid for hours over 12 in a workday. You will receive 1.5 times your regular rate for the first 8 hours, and double your regular rate after 8 hours, on the 7th workday worked in a single workweek (unless you work no more than 30 hours, and no more than six hours on any day, during that workweek).

Section 3. Name and Address of Employer:

- Our legal name is _____
- Our business type is:
 Sole Proprietor Corporation Limited Liability Company General Partnership
 Other type of entity: _____
- Our “dba” name(s), if any, are: _____
- Our physical address, mailing address, and telephone number are:

Section 4. Allowances Claimed Against Minimum Wage:

You [] will, or [] will not, be charged allowances toward minimum wage:

- Lodging: \$ _____ per _____
- Meals: \$ _____ per _____
- Other: \$ _____ per _____ (described below)

Please Note: This form is not applicable to staffing agency businesses, which have additional requirements under Labor Code section 2810.5.

Section 5. Payday:

Your payday will be _____

Section 6: Paid Sick Leave:

The following applies to your accrual of Paid Sick Leave under Labor Code section §245 *et seq.* (Check one box):

- 1. You accrue 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. You accrue paid sick leave pursuant to the employer's policy which satisfies or exceeds the accrual, carryover, and use requirements of Labor Code §246.
- 3. You will receive no less than 24 hours (or 3 days) of paid sick leave at the beginning of each 12-month period.
- 4. You will not receive Paid Sick Leave under Labor Code §245 *et seq.* because the following exemption applies to you: _____.

Section 7: Workers' Compensation Carrier:

- We [___] carry workers compensation insurance, or [___] are self-insured under Labor Code Section 3700.
- Our workers' compensation carrier name, policy number, address and telephone number are:

- [If self-insured] our Certificate Number of Consent to Self-Insure is: _____

FOR MANAGEMENT OR HUMAN RESOURCES USE ONLY:

Provided to _____ on _____, _____.

Name: _____.

Title: _____.

Signature: _____.