



# Wage Notice to Employee

## Labor Code Section 2810.5(b)

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.

Employee Name: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Legal Name of Employer: Recruiting Solution, Incorporated

Physical Address: 1900 S Norfolk Street, Suite 214, San Mateo, CA 94403

Telephone Number: (650) 488-7080

Recruiting Solution, Inc. is a staffing agency/business. The following is the other entity for whom this employee will perform work:

Client Name: \_\_\_\_\_

Physical Address of worksite: \_\_\_\_\_

Mailing Address of worksite: \_\_\_\_\_

Telephone of worksite: \_\_\_\_\_

Regular Pay Dates: Friday for preceding work week

Your Pay Rates: You will be paid on an hourly basis

Your hourly rate of pay is \$\_\_\_\_\_

Your overtime rate of pay is \$\_\_\_\_\_ (1.5 times regular rate of pay)

Overtime is paid for hours worked over 8 hours in a day, 40 hours in a workweek, or the first 8 hours on the 7<sup>th</sup> consecutive day of work in a workweek.

Your double time rate of pay is \$\_\_\_\_\_ (2 times regular rate of pay)

Double time is paid for hours worked over 12 in a day or over 8 hours on the 7<sup>th</sup> consecutive day of work in a workweek.

No allowances are claimed as part of minimum wage.

There is a written agreement providing your rate(s) of pay. All rate(s) of pay and bases thereof are contained in the written agreement.

Recruiting Solution, Incorporated's Workers Compensation insurance carrier is:

Name: The Harford Accident and Indemnity Insurance Company

Address: 3600 Wiseman Blvd  
San Antonio, TX, 78251

Telephone: (888) 853-2582

Policy Number: 57 WEC AB7A2X

**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 24 hours (or 3 days) of accrued paid sick leave per year;
- b. May not be terminated or retaliated against for using or requesting the use of accrued 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 accrued sick days;
  - 2. Attempting to exercise the right to use accrued 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 Code.

The employee identified on this notice accrues paid sick leave pursuant to the employer's policy which satisfies or exceeds the accrual, carryover, and use requirements of Labor Code §246

**Acknowledgement of Receipt**

Please confirm that you have received this information by signing and dating this form and returning a copy to your manager or supervisor. Keep a copy for your records.

\_\_\_\_\_  
Employee's Name (printed)

\_\_\_\_\_  
Employer Representative's Name (printed)

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Employer Representative's Signature

\_\_\_\_\_  
Date Received and Signed by Employee

\_\_\_\_\_  
Date Provided to Employee & Signed by Employer Representative