



Name: Cindy Hendricks

Taborca ID: 41222

Date of Hire: 01/24/17

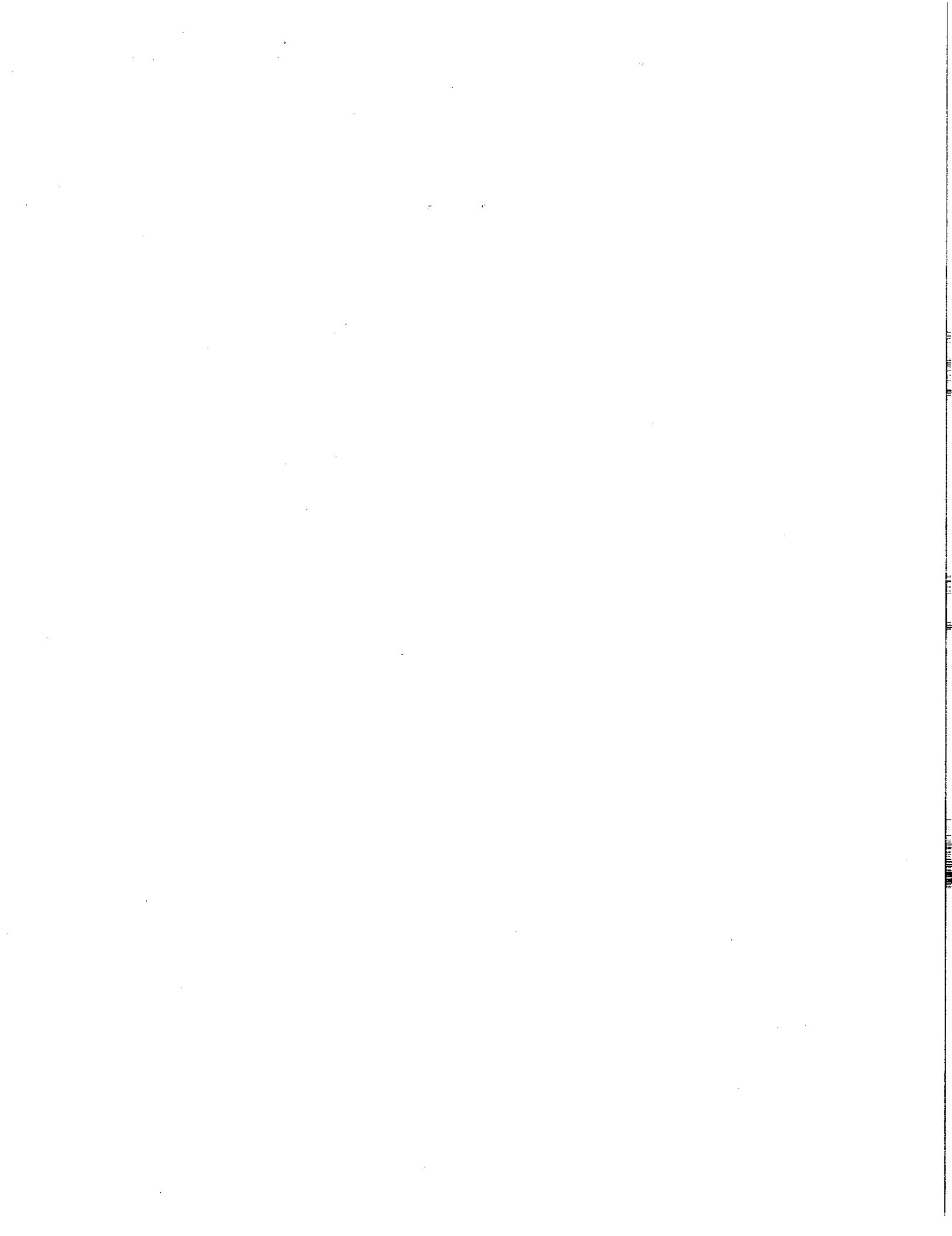
Date of Re-Act: 08/10/18

New employee set up

- o E-Verify
- o Hire Right EE
- o Hire Right Internal (upload any list A docs)
- o Direct Deposit (Scan to Payroll) and/or Global Cash Card – complete the form & have EE sign
- o Notice to Employee Completed
- o Added to Orientation Time Sheet
- o Attended New Hire Orientation
- o Background Check (Asurint)
- o New Hire List (All fields)
- o Check Taborca Profile (All fields)
- o Upload Resume and Skills Tests (one doc)
- o Upload Food Handler's Card

Re Act employee set up (See Re Act Process for more detail)

- o File and I9 pulled (new one created/done in Hire Right if old ones are gone)
- o Re Act onboarding if initially hired before 1/1/16
- o Check W4
- o Check all demographic info and availability
- o Check for skills tests, app, FHC, and resume (get new app, new resume if hired more than 1 year ago)
- o Complete Notice to Employee with updated pay if necessary
- o Verify pay option and take steps to Re Act any old pay options still current
- o Run new BGC if more than 1 year since last shift worked
- o New orientation/place on time sheet if it's been over a year since last shift
- o New Hire List (all fields)
- o Delete employee from the INA/TER spreadsheet if they are on it





Name: CINDY HENDRICKS

Taborca ID: 41822

Date of Hire: 7/24/2017

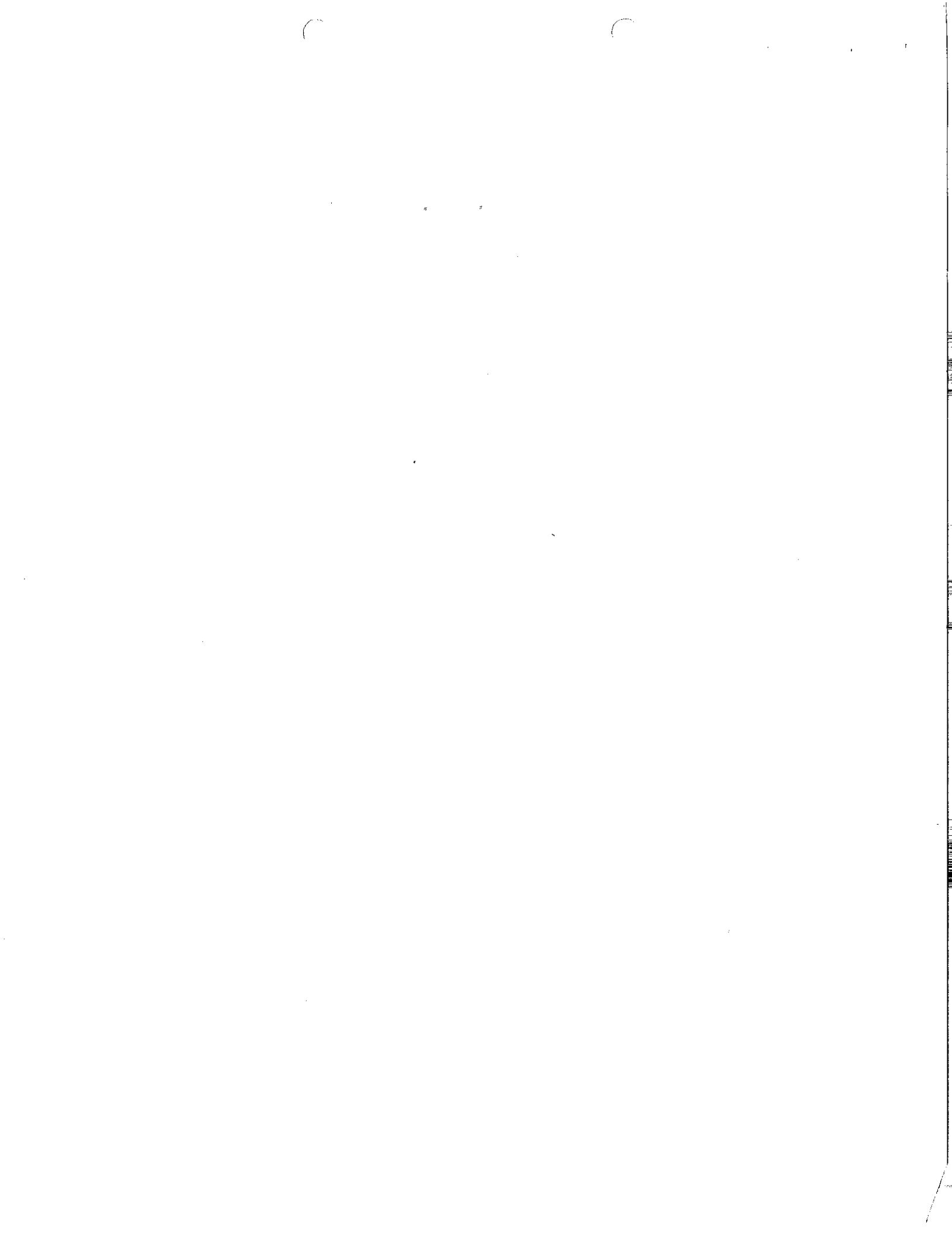
Date of Re-Act: 7/1/2017

New employee set up

- E-verify
- Hire Right EE
- Hire Right Internal (upload any list A docs)
- Direct Deposit (Scan to Payroll) and/or Global Cash Card – complete the form & have EE sign
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CINDY HENDRICKS
(669)300-4055/e-mail:kindiehendricks57@yahoo.com

Work Experience

Aramark Corporation/Cashier, Restaurant, San Jose, CA/October 2015-June 2016

- Cashier, customer service, daily cash balancing, all front dining room responsibilities, vendors, assist with food prep and catering.

The Home Depot/Cashier, San Jose, CA 2012-2014

- Exemplary performance as cashier and customer service. assist customer project needs, garden and lumber depts., work with department leaders to assure customer satisfaction.

Smart and Final Extra/Grocery Checker, San Jose, CA 2009-2011

- Grocery checking, superior customer service, product knowledge, merchandise stocking, all purpose where needed.

Bay Area Brokers/ Receptionist, Office Assistant, San Jose, CA 2008-2009

- Receptionist, all clerical duties including telephones, typing, computer, preparation of legal documents, written and interpersonal communication with brokers, clients and vendors.

The Western Dragon/ Co-Owner, Office Manager, San Jose, CA 2001-2003

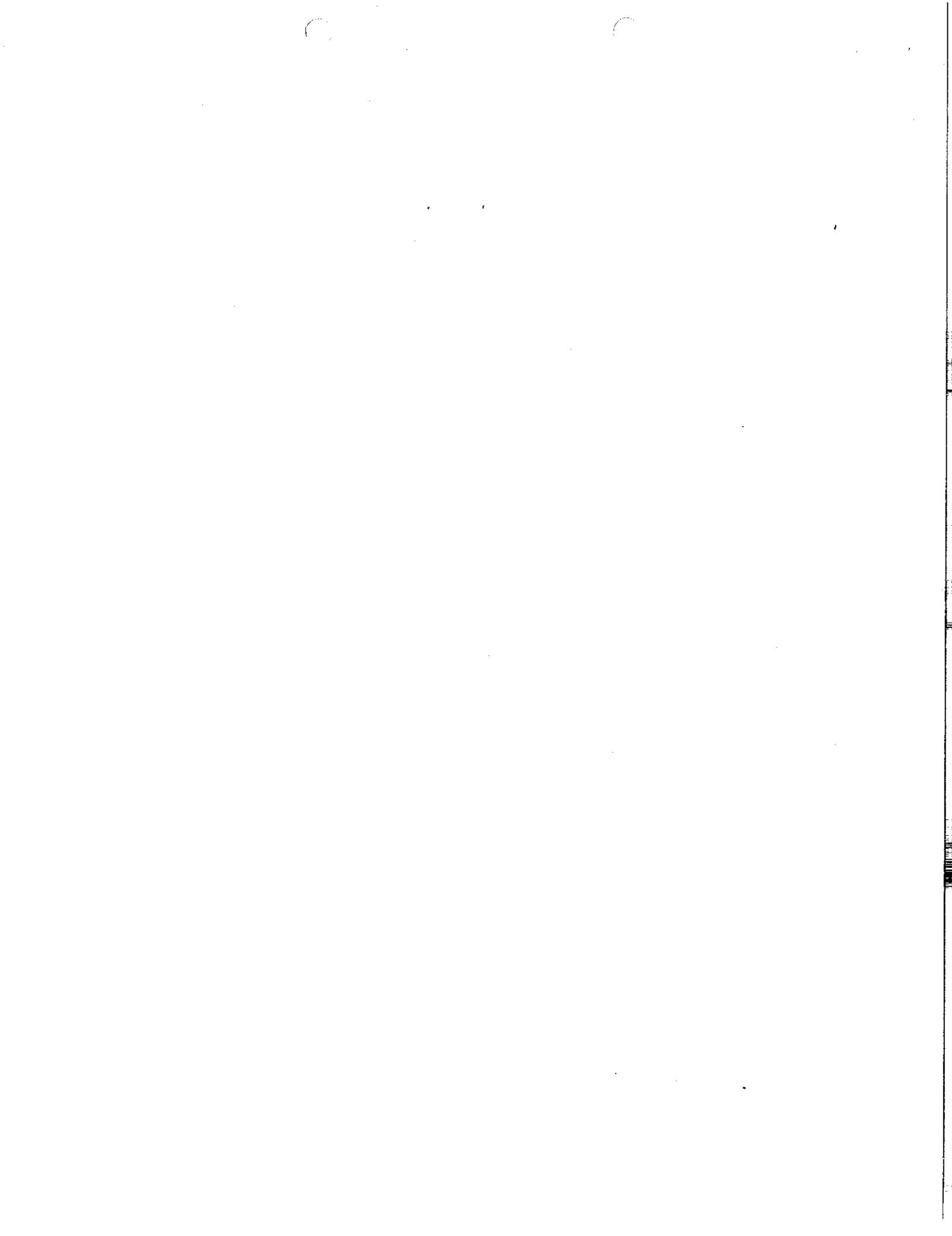
- Management of all office aspects in veterinary practice including: all client services and interaction, receptionist, appointment scheduling, travel arrangements, event planning, veterinary assistant. All financial aspects: client billing, accounts payable, receivables, maintain client data bases, budget, all insurance, recordkeeping, marketing, training, vendors, bookkeeping, human resources, etc.

Adobe Animal Hospital/Administrative Assistant, Los Altos, CA 1997-2001

- Schedule client appointments, phones, room clients and pets, cashier, train receptionists, created and maintained all client data bases.
- Client liaison, all customer service issues, accounts receivable, assisted with HR, employee benefits coordinator, and Workers' Compensation.
- Daily cash flow, balance receipts, bank deposits, monthly production reports.
- Maintained schedules for 17 veterinarians, all clerical including office machinery, written and verbal correspondence, typing, receptionist, filing.

Education

Woodrow Wilson High School, Long Beach, CA-Diploma
Everest College, San Jose, CA-Medical Management Assistant Certificate



NOTICE TO EMPLOYEE

Labor Code section 2810.5

EMPLOYEE

Employee Name: CINDY HENDRICKS

Start Date: 7-24-2017

EMPLOYER

Legal Name of Hiring Employer: S.E Scher

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):

Acrobat Outsourcing

Physical Address of Hiring Employer's Main Office:

665 Third St. Suite 415, San Francisco, CA. 94107

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

Hiring Employer's Telephone Number: 415-431-8826

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: _____

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: FRIDAY

WORKERS' COMPENSATION

Insurance Carrier's Name: Integro USA Inc. dba Integro Insurance Brokers

Address: 1 State Street Plaza, 9th floor, New York, NY, 10004

Telephone Number: 212-295-5440

Policy No.: LDC4042609 AOS

Self-Insured (Labor Code 3700) and Certificate Number for Consent to Self-Insure: _____

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 3 days or 24 hours 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 following applies to the employee identified on this notice: (Check one box)

- 1. Accrues 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. Accrues paid sick leave pursuant to the employer's policy which satisfies or exceeds the accrual, carryover, and use requirements of Labor Code §246.
- 3. Employer provides no less than 24 hours (or 3 days) of paid sick leave at the beginning of each 12-month period.
- 4. The employee is exempt from paid sick leave protection by Labor Code §245.5. (State exemption and specific subsection for exemption): _____

ACKNOWLEDGEMENT OF RECEIPT

(Optional)

Sandy Rendall
(PRINT NAME of Employer representative)

Sandy Rendall
(SIGNATURE of Employer Representative)

7-24-2017
(Date)

CINDY HENDRICKS

(PRINT NAME of Employee)

Cindy Hendricks
(SIGNATURE of Employee)

7-24-2017
(Date)

The employee's signature on this notice merely constitutes acknowledgement of receipt.

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.

Interview Note Sheet

Applicant Information	
Name: <u>CINDY HENDRICKS</u>	Interviewer: <u>SARAH</u>
Date: <u>7-24-2017</u>	Rate of Pay: <u>\$13/Hr</u>
Position (s) Applied for: <u>CASHIER / CON</u>	Referred by: <u>MELISSA FITZKE</u>

Test Scores:		Seeking:				
Server	/35	%	Bartender	/30	%	Full-Time
Prep Cook	/15	%	Barista	/10	%	Part-Time
Grill Cook	/40	%	Cashier	14/15 100	95 %	
Dishwasher	/10	%	Housekeeping	/16	%	

Relevant Experience & Summary of Strengths		
<u>Knife Skills</u>	<u>CANNOT SERVE</u> <u>HAS LIMITATION</u> <u>w/ LIFTING</u>	Total of <u>5</u> yrs in Food Service
<u>Cuisines</u>	<u>CASH / CON. ONLY</u>	<u>Buff Style</u>
1		
2		
3		
<u>Stations:</u>	<u>B/W</u>	<u>Concession</u> <u>20 hrs</u> <u>week</u>
1		
2		
3		
P.O.S. Experience: Y / N	<u>Y</u>	

Transportation		
Car	Public Transit	Carpool (Rider / Driver)

Regions Available to work:				
SF City	SF North	SF Peninsula	East Bay	Outer East Bay
<u>San Jose</u>		<u>South San Jose</u>		

Certifications (if any)				
TiPS	Serv-Safe	LEAD	Other _____	Will Submit

Availability				
Open	AM only	PM only	Weekdays only	Weekends only

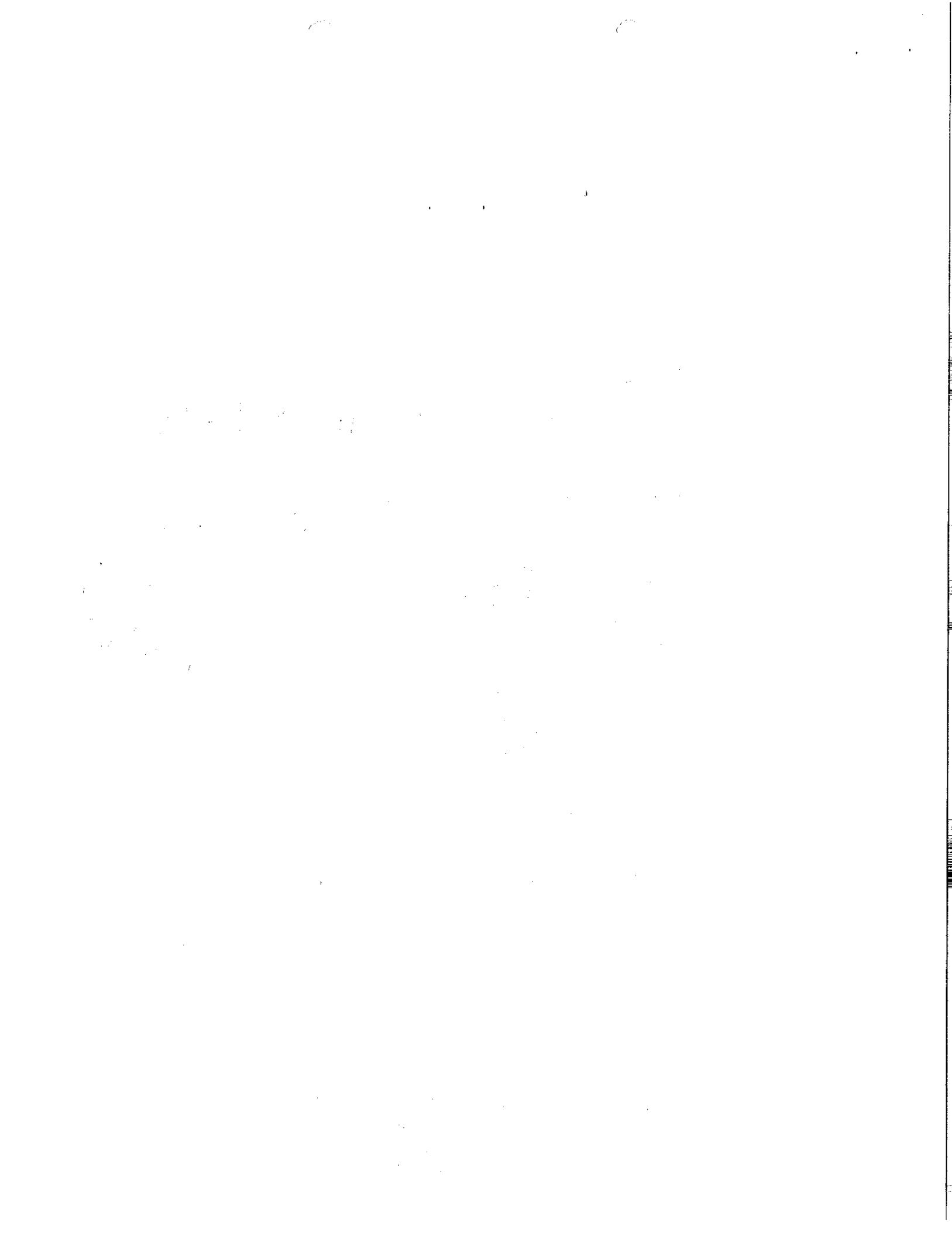
Details:	
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Uniforms Owned:	
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Bistro	Black Bistro	Tuxedo	1/2 Tuxedo	Black Vest	Long Black Tie
Chef Coat	Chef Pants	Knives	Black Pants	Non-Slip Shoes	Bow Tie

Would you recommend this applicant for Acrobat Academy?	Convention Candidate?	Other Languages Spoken:
---------------------------------------------------------	-----------------------	-------------------------

<u>No</u>	<u>Yes</u>	
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Acrobat

outsourcing
Your Hospitality Staffing Professionals

Employment Application

Acrobat Outsourcing is an equal opportunity employer dedicated to non-discrimination in all employment practices. Acrobat Outsourcing selects the best qualified individual for the job based on job-related qualifications regardless of race, age (40+), color, religion, gender, national origin, ancestry, marital status, sexual orientation, disability or any other status protected by applicable law.

PLEASE PRINT

Full Name Cindy Hendricks Date: 7/24/17
 Home Telephone (408) 300-4055 Other Telephone ()
 Present Address 454 Sobrato Dr. Campbell, CA 95008
 Permanent Address, if different from present address: _____
 Email Address cindyhendricks17@gmail.com

EMPLOYMENT DESIRED

Position applying for: Cashier Salary desired: _____

Are you currently registered with any staffing and/or employment agencies? If so, please list

NO

Are you applying for: Full-time work? Yes No Part-time work? Yes No

Temporary work, e.g., summer or holiday work? Yes No From: _____ To: _____

How did you find out about our open position? (Please check fill in proper name of source):

Referral Name of Referral Melissa Fiske Newspaper Job Fair Agency Company Website

Other Web Posting Other Source

Could you work overtime, if necessary? Yes No If hired, on what date could you start working? _____

Please keep in mind that schedules and shifts may vary depending on position and season. Additionally, the hours may vary from week to week, depending on the company needs. Please list only the times/days you're available to work below.

SPECIFY HOURS AVAILABLE DAILY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
AM	—	—	7am	7am	7am	—	—
PM	12p-1p	12p-1p	11p	5p	11pm	12p-1p	12p-1p

Do you have any vacations or extended leaves planned in the next 12 months? If so, please list dates: _____

PERSONAL INFORMATION

Have you ever applied to or worked for Acrobat Outsourcing before? Yes No If yes, when? _____

Do you have friends or relatives working for Acrobat Outsourcing? Yes No If yes, please state name and relationship

If hired, would you have a reliable means of transportation to and from work? Yes No

If hired, can you present evidence of your legal right to live and work in this country? Yes No

State age if you are under 18 _____. If you are under 18, hire is subject to verification that you are of minimum legal age to work.

Are you able to perform the essential functions of the job for which you are applying? Yes No

If no, describe the functions that cannot be performed. (Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.) _____

EDUCATION & SKILLS

NAME OF SCHOOL Woodrow Wilson H.S.	CITY & STATE Long Beach, CA	GRADE OR DEGREE COMPLETED	DID YOU GRADUATE?
Woodrow Wilson H.S.	Long Beach, CA	Diploma	Yes
San Diego State Univ.	San Diego, CA		No
Do you have any special licenses, certificates or special training? If so please list under "Special".		YES	NO
Are you computer literate? If so, list software knowledge under "Special".		YES	NO
Are you proficient with Point of Sales Systems? If so please list which ones under "Special".		YES	NO
Do you have any other experience, training, qualifications or special skills, which you feel make you especially suited for work at Acrobat Outsourcing? If so, please list under "Special".		YES	NO
Special: OSFAA-Certified Food Handler's Card / Microsoft Word / Medical Mgmt Asst-Certificate / 20+ Years Cashier-Office Cust Service			

EMPLOYMENT HISTORY

List below all present and past employment starting with your most recent employer (last 10 years is sufficient). Account for unemployment periods of three months or more.

Are you currently employed? Yes No If so, may we contact your current employer? Yes No

Name and Address of Employer The Star Cinema Aramark

Type of Business Food Service Telephone No. 849-842-0709 Supervisor's Name Amanda Benson

Your Position and Duties Cashier, Dining room, assist w/Food prep/catering, Operate and maintain food service machinery

Dates of Employment: From 10/15 To 6/16 Weekly Pay: Starting 11.50 Ending 14.75 11.50

Reason for Leaving: Personal Home

Name and Address of Employer The Home Depot

Type of Business Retail Telephone No. 108-287-4807 Supervisor's Name Anna

Your Position and Duties Cashier (Customer Service)

Dates of Employment: From 2/2012 To 2/2014 Weekly Pay: Starting 8.50 Ending 10.50

Reason for Leaving: SCHOOL

Name and Address of Employer Smart + Final

Type of Business Grocery Telephone No. 108-264-0514 Supervisor's Name Tim

Your Position and Duties Grocery check cashier

Dates of Employment: From 9/9 To 1/11 Weekly Pay: Starting 8.50 Ending 9.00

Acrobat

outsourcing
Your Hospitality Staffing Professionals

Reason for Leaving: School

Name and Address of Employer _____

Type of Business _____ Telephone No. (____) _____ Supervisor's Name _____

Your Position and Duties _____

Dates of Employment: From _____ To _____ Weekly Pay: Starting _____ Ending _____

Reason for Leaving: _____

Have you ever been fired from any previous place of employment? If so, please explain: No

MILITARY SERVICE

Have you obtained any special skills or abilities as the result of service in the military? Yes No
If so, describe: _____

JOB RELATED REFERENCES

List below three persons not related to you who have knowledge of your work performance within the last three years.

Name: Anne Crane Telephone No. (831) 613-3149

Address: Santa Clara

Occupation: SCHOOL DISTRICT Relationship: friend Number of Years Acquainted: 5

Name: Sandi Edwards Telephone No. (408) 796-2285

Address: San Jose, CA

Occupation: Restaurant Relationship: friend Number of Years Acquainted: 5

Name: Kimberly McCarthy Telephone No. (408) 841-0032

Address: Campbell, CA

Occupation: Sales Relationship: friend Number of Years Acquainted: 5



Please Read Carefully, Initial Each Paragraph and Sign Below

CH

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material facts on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

CH

I hereby authorize Acrobat Outsourcing to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

CH

I hereby authorize Acrobat Outsourcing and its authorized representatives to solicit information regarding my background, which may include but not be limited to, information about my employment, education, and/or criminal history, which may be in the files of any federal, state, or local criminal justice and law enforcement agency and general public records history.

CH

I understand that if selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 form in this regard within three days of my hire date.

CH

Acrobat Outsourcing is an at-will employer. I understand that nothing contained in the application, or conveyed during any interview, which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, with or without cause, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

I hereby acknowledge that I have read and understand the above statements.

Applicant's Signature

Andy Hendrix

Date

7/24/17

Cashier Test

Score / 10

B

1) A roll of quarters is worth?

- a) \$5.00
- b) \$10.00
- c) \$15.00
- d) \$20.00

A

2) A roll of dimes is worth?

- a) \$5.00
- b) \$4.00
- c) \$3.00
- d) \$2.00

D

3) A roll of nickels is worth?

- a) \$8.00
- b) \$6.00
- c) \$4.00
- d) \$2.00

C

4) A roll of pennies is worth?

- a) \$1.00
- b) \$0.75
- c) \$0.50
- d) \$0.25

C

5) What does POS stand for?

- a) Patience over standards
- b) Percentage of sales
- c) Point of sales
- d) People over service

8.63%

6) What is the current sales tax rate in your city SF = 8.75%, SJ = 8.63%, SAC = 8.00%?

C

7) A customer buys a bowl of soup for \$1.25, an apple \$0.90 and a soda is \$0.79. If you are given \$10.00 how much change should you give back?

- a) \$4.06
- b) \$2.06
- c) \$7.06
- d) \$5.06

B

8) A customer buys two shirts for 10.50 each and two ball caps for \$7.25 each. If you are given \$50.00 how much change should you give back?

- a) \$19.50
- b) \$14.50
- c) \$9.50
- d) \$4.50

D

9) A customer buys soda for \$3.75 and a hot dog for \$4.25. If you are given \$20.00 how much change should you give back?

- a) \$6.00
- b) \$8.00
- c) \$10.00
- d) \$12.00

A

10) A customer buys two hamburgers at \$3.75 each, two bags of chips at \$1.25 each, two cookies at \$2.50 each and two sodas at \$3.25 each. If you are given \$100.00 how much change should you give back?

- a) \$78.50
- b) \$58.50
- c) \$38.50
- d) \$28.50

A

11) Counterfeit pens should be used on which three denominations?

- a) \$20, \$50, \$100
- b) \$10, \$20, \$50
- c) \$5, \$50, \$100
- d) \$10, \$20, \$50

B

12) How many times should you count change when giving it to the customer?

- a) one
- b) two
- c) three
- d) no need to count

(one to myself + one to the customer)

Question & Answer:

13) What is the minimum age for legal alcohol purchases? 21

14) What are the acceptable forms of ID for alcohol purchases? CAL Drivers license, military ID,
CAL ID card, Passport

15) How many \$20 bills are in a bank band? I have never received a \$20 bank
band for my till.

Multiple Choice (1 point each)

D

1) A gallon is equal to ____ ounces

- a. 56
- b. 145
- c. 32
- d. 128

759

A

2) Mesclun are what type of vegetable?

- a. Roots
- b. Beans
- c. Salad Greens
- d. Spices

B

3) What does the term braise mean?

- a. Sear quickly on both sides
- b. Slowly cook in covered pan with little liquid
- c. Cook on high heat and quickly
- d. Slowly cook in simmering water

B

4) At what internal temperature must chicken be cooked so that it is safe to eat?

- a. 155 degrees F
- b. 165 degrees F
- c. 175 degrees F
- d. 185 degrees F

A

5) How do you blanche vegetables?

- a. Immerse for a short time in boiling water
- b. Cook lightly in butter over med heat
- c. Soak in cold water overnight
- d. Rub with salt before cooking

C

6) Which of the following ingredients would you pack before measuring?

- a. Olive Oil
- b. Salt
- c. Brown Sugar
- d. White Sugar

A

7) What is Al Dente?

- a. Firm but not hard
- b. Soft to the touch
- c. Very hard
- d. Very soft

A

8) Food should be left out no more than

- a. 2 hours
- b. 3 hours
- c. 4 hours
- d. 5 hours

D 9) Which is the improper way to thaw frozen food?

- a. In the fridge
- b. In a sink with cold water
- c. On the counter
- d. In the microwave

A 10) Which of the following can you use to put out a grease fire?

- a. Baking Soda
- b. Baking Powder
- c. Flour
- d. Water

B 11) What is the temperature range of the danger zone?

- a. 25-135
- b. 40-140
- c. 50-160
- d. 30-130

D 12) Which of the following is listed from smallest to largest?

- a. Dice, chop, mince
- b. Mince, chop, dice
- c. Chop, dice, Mince
- d. Mince, dice, chop

C 13) Which direction should pan handles be turned while cooking on the stove?

- a. Over the fire at all times
- b. Turned towards you for better control
- c. Turned towards the right or left at all times
- d. Over the countertop at all times

C 14) When you poach something, you cook it with what?

- a. Noodles
- b. Vegetables
- c. Liquid
- d. Oil

A 15) Which spoon is used to remove fat from soups and stews

- a. Basting Spoon
- b. Ladle
- c. Slotted Spoon
- d. Portion Spoon

B 16) Which of the following means to cook in a small amount of fat?

- a. Season
- b. Sauté
- c. Broil
- d. Boil
- e. Fry

A

17) What is a Julien cut?

- a. Food cut into long thin strips, matchstick
- b. Food cut into long thin strips then turned and cut into a 1/8' dice
- c. Food diced into finely chopped and uniform pieces
- d. Cutting and peeling into oblong seven sided football like shapes

A

18) To cook a food in a pan without browning over low heat until the item softens and releases moisture.

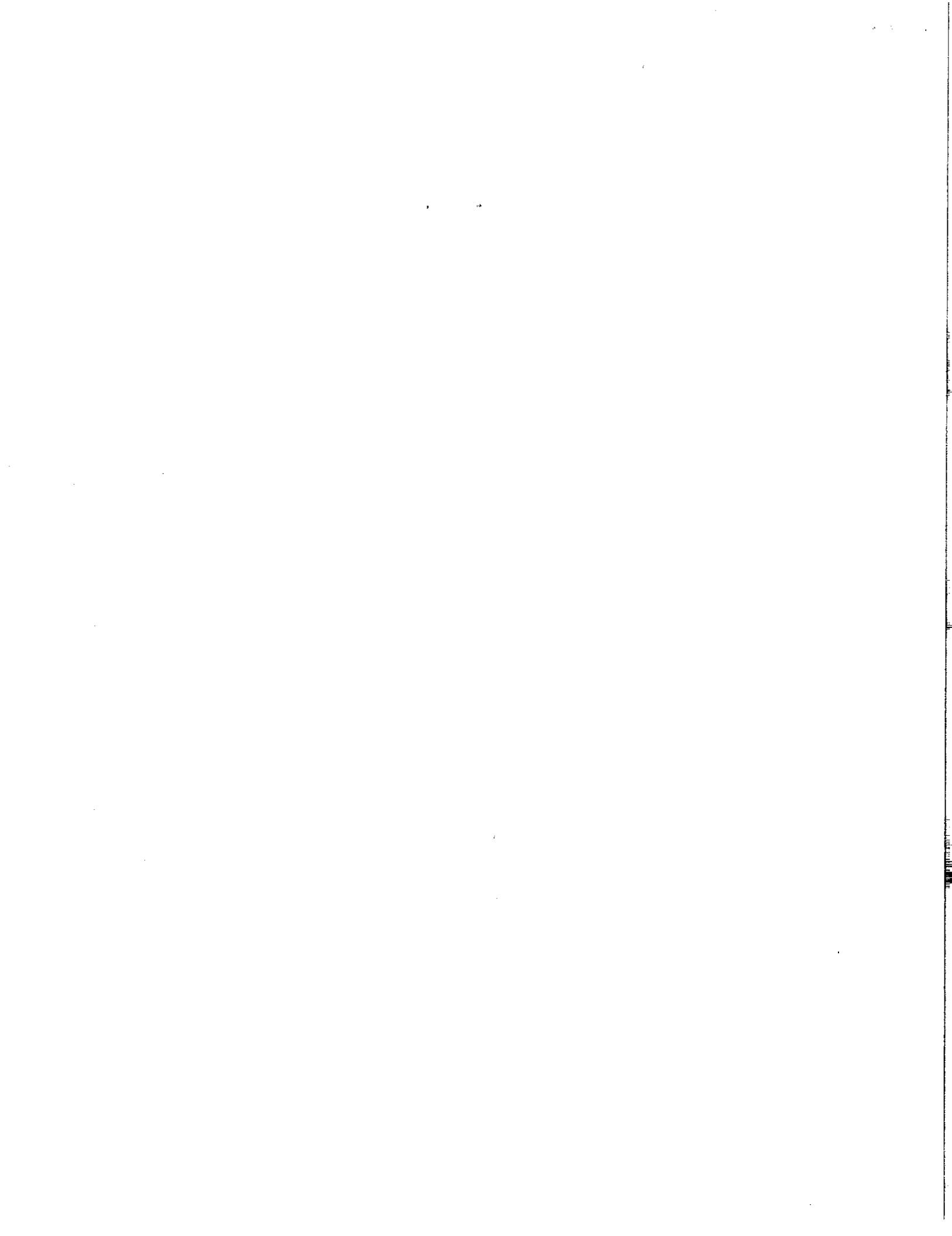
- a. Sweat
- b. Boil
- c. Roast
- d. Grill

Fill-in the Blank (1 point each)

19) Rosemary & Thyme are the basic seasoning ingredients for all savory recipes.

20) Dice : to cut into very small pieces when uniformity of size and shape is not important.

~~Dice~~
~~Chop~~





Acrobat Outsourcing
Corporate Headquarters
665 Third Street, Suite 415, San Francisco, CA 94107
Phone: 415-431-8826 | Fax: 415-431-1580
www.acrobotoutsourcing.com

GLOBAL CASH CARD FORM

New Replacement Cancel

Today's Date 07-24-2017

One Time Deposit?

Yes

No

Last Name

HENDRICKS

First Name

CINDY

MI

Address

454 SOBRATO DR

Apartment #

City

BAMPBELL

State

Zip Code 95008

Social Security Number

553-94-2603

Date of Birth

05-20-1957

INFORMATION TO BE COMPLETED BY ACROBAT REPRESENTATIVE ISSUING CARD
INCLUDE A PHOTOCOPY OF THE CARD WITH THIS FORM:

ACCOUNT NUMBER (16-digits)

4853-4001-9023-3983

Branch Office:

SJ

Completed By:

CINDY

Global Cash Card | 7 Corporate Park, Suite 130 | Irvine, CA 92606 | CSR: 1-888-220-4477

Payroll Statements can be viewed online at: www.globalcashcard.com

I hereby release Acrobat Outsourcing the following information to establish my Global Cash Card account and enroll into an automatic payroll deposit. I authorize Acrobat Outsourcing to debit/credit my account. I have verified my information above and understand that any cash card charges incurred are my responsibility. I agree to the terms and conditions under which Global Cash Card Prepaid ATM Card is issued.

Please agree to the following:



By selecting this check box, you have agreed to the following statement: I authorize my employer, or its service or payroll provider, and the specified bank to deposit my net pay or portion thereof, as indicated, into my account each pay date. If funds to which I am not entitled are deposited into my account, I authorize my employer, or its service or payroll provider, to direct the bank to return said funds to my employer, or its service or payroll provider. I understand that my deposit may not be credited to my account until 5:00 PM on the pay date indicated on the check voucher. I understand that it is my responsibility to ensure that my wages are being deposited correctly into my account each pay date.

I also acknowledge it is my responsibility to enter the correct Bank Transit Number and Account Number as to where I want my payroll funds deposited. I understand that if I enter incorrect information that it may delay or prevent my payroll funds being deposited to my accounts. I also acknowledge that any Bank Transit Number that begins with the number 5 is NOT a valid Bank Transit Number and WILL prevent my payroll funds from being deposited into my account. I understand that when Payroll receives the funds back through the banking system it will be paid on the next available pay date.

Cindy Hendricks
Print Name

Cindy Hendricks
Employee Signature

7/6/17
Date

NOTICE TO EMPLOYEE

Labor Code section 2810.5

EMPLOYEE

Employee Name: Cindy Hendricks
Start Date: 08/10/2018

EMPLOYER

Legal Name of Hiring Employer: S.E Scher

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):

Acrobat Outsourcing

Physical Address of Hiring Employer's Main Office:

665 Third St. Suite 415, San Francisco, CA, 94107

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

Hiring Employer's Telephone Number: 415-431-8826

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: _____

Physical Address of Main Office: _____

Mailing Address: _____

Telephone Number: _____

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: FRIDAY

WORKERS COMPENSATION

Insurance Carrier's Name: Integro USA Inc. dba Integro Insurance Brokers
Address: 1 State Street Plaza, 9th floor, New York, NY. 10004
Telephone Number: 212-295-5440
Policy No.: LDC4042609 AOS
 Self-Insured (Labor Code 3700) and Certificate Number for Consent to Self-Insure: _____

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 3 days or 24 hours 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 following applies to the employee identified on this notice: (Check one box)

1. Accrues 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. Accrues paid sick leave pursuant to the employer's policy which satisfies or exceeds the accrual, carryover, and use requirements of Labor Code §246.

3. Employer provides no less than 24 hours (or 3 days) of paid sick leave at the beginning of each 12-month period.

4. The employee is exempt from paid sick leave protection by Labor Code §245.5. (State exemption and specific subsection for exemption): _____

ACKNOWLEDGEMENT OF RECEIPT

Monica Cheung
(PRINT NAME of Employer representative)
Monica Cheung
(SIGNATURE of Employer Representative)
08/10/2018
(Date)

Cindy Hendrix
(PRINT NAME of Employee)
Cindy Hendrix
(SIGNATURE of Employee)
8/10/18
(Date)

The employee's signature on this notice merely constitutes acknowledgement of receipt.

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.