

The City of
SAN DIEGO

Earned Sick Leave and Minimum Wage Employee Notification Form

Legal Name of Hiring Employer: S.E Scher Corp

D/B/A of Hiring Employer (if different than Legal Name): Acrobat Outsourcing

Employer's Address: 2525 Camino Del Rio S, Ste 310

Employer's Phone number: 858-771-0010

Employee Name: _____

Employee Start Date: _____

Earned sick leave method used: Accrual Rate

As of July 11, 2016, all Employers must:

- Pay no less than minimum wage as outlined in the City of San Diego's Earned Sick Leave and Minimum Wage Ordinance and provide paid sick leave to all employees who perform at least two (2) hours of work in one work week within the geographic boundaries of the City of San Diego
- Allow employees to begin using accrued sick leave after the ninetieth (90) day of employment or after July 11, 2016, whichever is later
- Post the Earned Sick Leave and Minimum Wage notices published each year by the City in a conspicuous place at workplace or job site where employees work
- Create contemporaneous records documenting employees' wages earned and accrual and use of earned sick leave. These records must be provided to employees on a regular basis and retained by employer for at least three (3) years
- Allow Enforcement Official reasonable access to the workplace to inspect and interview witnesses in furtherance of an investigation

Employee rights:

- Employees who assert any rights provided in the Earned Sick Leave and Minimum Wage Ordinance are protected from retaliation
- Employees may file a civil lawsuit against their employers for any violation of the Ordinance or may file a complaint with the City of San Diego Enforcement Office

If you have questions, need additional information, or believe your employer has violated any provision of this law, please contact your employer, visit the City of San Diego Minimum Wage Enforcement Office website at <https://www.sandiego.gov/treasurer/minimum-wage-program> or contact the City of San Diego's Minimum Wage Program via email at SDMinWage@sandiego.gov or via fax at (619) 533-3320.

Acknowledgement of Receipt:

Virginia Fitzhugh
(PRINT NAME of Employer representative)

[Signature]
(SIGNATURE of Employer Representative)

9/28/17
(Date)

Unique Martin
(PRINT NAME of Employee)

[Signature]
(SIGNATURE of Employee)

9/28/17
(Date)

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

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)

Virginia Fitzhugh
(PRINT NAME of Employer representative)

[Signature]
(SIGNATURE of Employer Representative)

9/28/17
(Date)

Unique Martin
(PRINT NAME of Employee)

[Signature]
(SIGNATURE of Employee)

9/28/17
(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.

NOTICE TO EMPLOYEE

Labor Code section 2810.5

EMPLOYEE

Employee Name: Unique Martin

Start Date: 9/28/17

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: \$11.50 Overtime Rate(s) of Pay: 1.5

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