

**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 one day or for more than 40 in a week or for the first 8 hours of the seventh consecutive day worked in a week)

\_\_\_\_\_ (= 2x rate for hours worked over 12 in one day, or more than 8 on the seventh 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)

**WORKERS' COMPENSATION**

**Insurance Carrier's Name:** \_\_\_\_\_ **York Risk Services Group, Inc.**

**Address:** \_\_\_\_\_ **P.O. Box 619070 Roseville, CA 95661**

**Telephone Number:** \_\_\_\_\_ **661-775-9550 Fax: 866-548-2637**

**Self-Insured** (Labor Code Section 3700  (yes) **Certificate Number for Consent to Self-Insure: 1656**

**ACKNOWLEDGMENT OF RECEIPT**

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

\_\_\_\_\_  
(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 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.