



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, Inc.

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 7th 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 7th 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, Inc.'s Workers Compensation insurance carrier is:

Foremost Signature Insurance

Address: 5665 Kraft Blvd, KM2

Caledonia, MI 49316

Telephone: (866) 967-5256

Policy Number: 003747807

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 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