



**Employer's Notice of, and Employee's Acknowledgment of Receipt of,
Information Required by California Labor Code Section 2810.5**

1. Employer Information

Name: Whittier College

Doing Business As (DBA) Name(s): N/A

Physical Address of Main Office or Principal Place of Business:

13406 E. Philadelphia St, Whittier CA 90608

Mailing Address (if different from physical address):N/A

Telephone Number: (562) 907- 4200

Name, Address and Telephone Number of Workers' Compensation Carrier:

CHUBB

P.O. Box 697

Portland, ME 04104

(800) 699-9916

2. Employee Information

Employee's Rate(s) of Pay (Specify all applicable rate(s) and whether employees will be paid by the hour, shift, day week, salary, piece rate, commission, or other basis):

\$16.90/\$17.40 (eff. 1/1/2027) per hour _____ per shift _____ per day _____ per week _____ per year

_____ per piece _____ commission (attach separate agreement if necessary)

_____ other basis

(include different rates of pay for travel time, differentials, or other reason specifying different rates of pay and all reasons for different rates of pay, and specify whether base pay rate includes any type of expense reimbursement or compensation for different types of duties such as, for example, travel time)

Allowances Included as Part of the Minimum Wage Calculation, if Any (mark None if none):

XX None ☐ Tips _____ per hour

☐ Meals _____ per meal

☐ Lodging _____

☐ Other _____

Overtime Pay Rate(s): \$25.35/\$26.10 (eff. 1/1/2027) per hour _____

(Must be at least 1.5 times the employee's regular rate of pay for hours worked over 8 in a day, 40 in a week or the first 8 hours worked on the seventh consecutive day of work in a workweek and 2 times the employees' regular rate of pay for hours worked over 12 in a day and after 8 on the seventh consecutive day of work in a workweek)

Regular Payday is: Friday (See Payroll Schedule) _____

Pay Period is: ☐ Weekly **XX** Bi-weekly ☐ Other _____

3. 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 5 days or 40 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.

XX 3. Employer provides no less than 40 hours (or 5 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):

4. Employee Acknowledgment (Optional)

I acknowledge that I received the "Employer's Notice of, and Employee's Acknowledgment of Receipt of, Information Required by California Labor Code Section 2810.5" at the time of hiring, in the language my employer normally uses to communicate employment-related information to me. I acknowledge that I have read and understand the Notice, this Acknowledgment, and that nothing in this Notice or Acknowledgment is intended to alter my at-will status of employment.

EMERGENCY OR DISASTER DISCLOSURE
☐ There is a state or federal emergency or disaster declaration applicable to the county or counties where the employee will work issued within 30 days before the employee's first day of employment and that may affect their health and safety during employment. (State emergency or disaster declaration and how it may affect health or safety) _____

ACKNOWLEDGMENT OF RECEIPT	
_____ (PRINT NAME of Employer representative)	_____ (PRINT NAME of Employee)
_____ (SIGNATURE of Employer representative)	_____ (SIGNATURE of Employee)
_____ (Date provided to employee & signed by representative)	_____ (Date received by employee & signed by employee)
Labor Code section 2810.5(b) requires that Whittier College 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 require by law within seven days of the changes. This Notice is NOT required if (a) you are directly employed by the state or any political subdivision thereof, (b) you are an employee who is exempt from the payment of overtime wages by statute or wage order, or (c) you are covered by a collective bargaining agreement that expressly provides for wages, hours of work and working conditions, and provides for premium wage rates for all overtime worked. The full text of Labor Code section 2810.5 may be found at www.leginfo.ca.gov/calaw.html. Check "Labor Code" and search for "2810.5" in quotes. The employee's signature on this notice merely constitutes acknowledgement of receipt. In accordance with an employer's general recordkeeping requirements under the law, it is the employer's obligation to ensure that the employment and wage-related information provided on this notice is accurate and complete. Furthermore, the employee's signature acknowledging receipt of this notice does not constitute a voluntary written agreement as required under the law between Whittier College 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 approved by the President of Whittier College.	