

New Hire Orientation Checklist

Forms:

- ☐ Offer of Employment Worksheet
- ☐ CA - California Consumer Privacy Act (CCPA) Employee Disclosure
- ☐ Federal W-4
- ☐ CA Disability Insurance Provisions
- ☐ CA Employee's Withholding Allowance Certificate
- ☐ Paid Family Leave Brochure
- ☐ Rights of Victims of Domestic Violence, Sexual Assault and Stalking
- ☐ Sexual Harassment
- ☐ Wage Theft Prevention Notice
- ☐ Worker's Compensation Time of Hire Pamphlet
- ☐ I9 Form
- ☐ Employee's Withholding Allowance Certificate
- ☐ Model Notice of Health Care Marketplace (non-healthcare or with health care)
- ☐ Direct Deposit Authorization
- ☐ Emergency Contact Form
- ☐ Employee Acknowledgment of Handbook
- ☐ Receipt & Return of Company
- ☐ Salary & Benefits Checklist

Compensation:

- ☐ Exempt or Non-exempt
- ☐ Pay Day:
- ☐ Overtime procedures explained

Benefits:

- ☐ Benefit eligibility rules and benefit summary explained
- ☐ Enrollment eligibility date is: **<Enter Eligibility Date>**
- ☐ Enrollment forms completed
- ☐ Designation of beneficiary for sponsored insurance plans

Status, Policies and Procedures:

- ☐ Job description provided and explained
- ☐ Performance expectations/evaluations explained

Amador Wine Country
PO Box 667, Plymouth, CA 95669
209-245-6992

At-will employment explained

Employee handbook provided and explained

Employee handbook acknowledgement obtained

Company rules and regulations discussed

Sexual harassment and discrimination complaint procedure explained

Other Items:

Employee Signature

I hereby acknowledge that each of the aforementioned items has been discussed with me.

Employee Signature

Date

HR Representative Signature

Date

Amador Wine Country
PO Box 667, Plymouth, CA 95669
209-245-6992

Offer of Employment Worksheet

Employee Information:

Name: _____

Address: _____

Title: _____

Work Location: _____

Department: _____ Reports to: _____

Start Date: _____ Scheduled Work Hours: _____

Status (FT, PT, etc): _____ Exempt/Non-Exempt: _____

Compensation:

Salary (by pay period): _____ Bonus (if applicable): _____

Scheduled Performance Review: _____ Scheduled Salary Review: _____

Benefits:

Vacation Days: _____ # Sick Days: _____ # Personal Days: _____

Eligible for group health plan? ____ Yes ____ No

Other benefits: _____

Special Considerations (pre-arranged vacation, time off, etc.):

Other:

Amador Wine Country
PO Box 667, Plymouth, CA 95669
209-245-6992

Notice of Salary & Benefits

Employee name:
Date of hire:
Department:
Wage Rate: \$ per

DEDUCTIONS PER PAYCHECK

<input type="checkbox"/>	Medical	\$	<input type="checkbox"/>	Life Insurance	\$
<input type="checkbox"/>	Dental	\$	<input type="checkbox"/>	LTD Insurance	\$
<input type="checkbox"/>	Vision	\$	<input type="checkbox"/>	STD Insurance	\$
<input type="checkbox"/>	Health FSA	\$	<input type="checkbox"/>	Retirement	\$
<input type="checkbox"/>	Dependent FSA	\$	<input type="checkbox"/>	Other	\$
<input type="checkbox"/>	Health HSA	\$	<input type="checkbox"/>	Garnishment	\$
				Total Garnish Amount:	\$
				Number of Payments:	

NOTES:

PAID TIME OFF

Vacation	_____ hours per year
Sick	_____ hours per year
Paid Holidays	New Year's Day President's Day Memorial Day Independence Day Labor Day Thanksgiving Day Christmas Eve Christmas Day

Employee Name: _____

Signature: _____

Date: _____

Supervisor/HR Name: _____

Signature: _____

Date: _____

NOTICE TO EMPLOYEE

Labor Code section 2810.5

EMPLOYEE

Employee Name: _____

Start Date: _____

EMPLOYER

Legal Name of Hiring Employer: _____

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):

Physical Address of Hiring Employer's Main Office:

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

Hiring Employer's Telephone Number: _____

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: _____

WORKERS' COMPENSATION

Insurance Carrier's Name: _____
Address: _____
Telephone Number: _____
Policy No.: _____
☐ 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 5 days or 40 hours, whichever is greater, of accrued paid sick leave per year;
- b. May not be terminated or retaliated against for using or requesting the use of 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 sick days;
 2. attempting to exercise the right to use 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

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 40 hours (or 5 days) of paid sick leave at the beginning of each 12-month period.
- ☐ 4. The employee is exempt or partially exempt from paid sick leave by Labor Code §245.5. (State exemption and subsection for exemption): _____

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)

ACKNOWLEDGEMENT OF RECEIPT

(PRINT NAME of Employer representative)

(PRINT NAME of Employee)

(SIGNATURE of Employer Representative)

(SIGNATURE of Employee)

(Date)

(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.



Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 12-31-2026)

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings on your premium that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit, that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%¹ of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.^{1,2}

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

¹ Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023.

² An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services is **offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

How Can I Get More Information?

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name		4. Employer Identification Number (EIN)	
5. Employer address		6. Employer phone number	
7. City	8. State	9. ZIP code	
10. Who can we contact at this job?			
11. Phone number (if different from above)		12. Email address	

You are not eligible for health insurance coverage through this employer. You and your family may be able to obtain health coverage through the Marketplace, with a new kind of tax credit that lowers your monthly premiums and with assistance for out-of-pocket costs.

Time of Hire Notice

This notice, or a similar one that has been approved by the Administrative Director, must be given to all newly hired employees in the State of California. Employers and claims administrators may use the content of this document and put their logos and additional information on it. The content of this notice applies to all industrial injuries that occur on or after January 1, 2013.

WHAT IS WORKERS' COMPENSATION?

If you get hurt on the job, your employer is required by law to pay for workers' compensation benefits. You could get hurt by:

One event at work. Examples: hurting your back in a fall, getting burned by a chemical that splashes on your skin or getting hurt in a car accident while making deliveries.

—or—

Repeated exposures at work. Examples: hurting your hand, back, or other part of your body from doing the same repeated motion or losing your hearing because of constant loud noise

—or—

Workplace crime. Examples: you get hurt in a store robbery, physically attacked by an unhappy customer.

Discrimination is illegal

It is illegal under Labor Code section 132a for your employer to punish or fire you because you:

- File a workers' compensation claim
- Intend to file a workers' compensation claim
- Settle a workers' compensation claim
- Testify or intend to testify for another injured worker.

If it is found that your employer discriminated against you, he or she may be ordered to return you to your job. Your employer may also be made to pay for lost wages, increased workers' compensation benefits, and costs and expenses set by state law.

WHAT ARE THE BENEFITS?

- **Medical care:** Paid for by your employer to help you recover from an injury or illness caused by work. Doctor visits, hospital services, physical therapy, lab tests and x-rays are some of the medical services that may be provided. These services should be necessary to treat your injury. There are limits on some services such as physical and occupational therapy and chiropractic care.



- **Temporary Disability (TD) benefits:** Payments if you lose wages because your injury prevents you from doing your usual job while recovering. The amount you may get is up to two-thirds of your wages. There are minimum and maximum payment limits set by state law. You will be paid every two weeks if you are eligible. For most injuries, payments may not exceed 104 weeks within five years from your date of injury. Temporary Disability (TD) stops when you return to work, or when the doctor releases you for work, or says your injury has improved as much as it's going to.
- **Permanent Disability (PD) benefits:** Payments if you don't recover completely. You will be paid every two weeks if you are eligible. There are minimum and maximum weekly payment rates established by state law. The amount of payment is based on:
 - Your doctor's medical reports
 - Your age
 - Your occupation
- **Supplemental Job Displacement Benefits (SJDB):** This is a voucher for up to \$6,000 that you can use for retraining or skill enhancement at an approved school, books, tools, licenses or certification fees, or other resources to help you find a new job. You are eligible for this voucher if:
 - You have a permanent disability.
 - Your employer does not offer regular, modified, or alternative work, **within 60 days** after the claims administrator receives a doctor's report saying you have made a maximum medical recovery.
- **Return-to-Work Supplemental Program (RTWSP):** For dates of injury after 1/1/2013, you may qualify for additional money from the Division of Workers' compensation program known as the Return-to-Work Supplement Program (RTWSP) if you received the Supplemental Job Displacement Voucher (SJDB). If you have questions or think you qualify, contact the Information & Assistance Unit by calling 1-800-736-7401 or visit website: <https://www.dir.ca.gov/RTWSP/RTWSP.html>
- **Death benefits:** Payments to your spouse, children or other dependents if you die from a job injury or illness. The amount of payment is based on the number of dependents. The benefit is paid every two weeks at a rate of at least \$224 per week. In addition, workers' compensation provides a burial allowance.



OTHER BENEFITS

You may file a claim with the Employment Development Department (EDD) to get state disability benefits when workers' compensation benefits are delayed, denied, or have ended. There are time restrictions so for more information contact the local office of EDD or go to their web site www.edd.ca.gov.

Workers' compensation fraud is a crime

Any person who makes or causes to be made any knowingly false statement in order to obtain or deny workers' compensation benefits or payments is guilty of a felony. If convicted, the person will have to pay fines up to \$150,000 and/or serve up to five years in jail.

WHAT SHOULD I DO IF I HAVE AN INJURY?

Report your injury to your employer

Tell your supervisor right away no matter how slight the injury may be. Don't delay – there are time limits. You could lose your right to benefits if your employer does not learn of your injury within 30 days. If your injury or illness is one that develops over time, report it as soon as you learn it was caused by your job. If you cannot report to the employer or don't hear from the claims administrator after you have reported your injury, contact the claims administrator yourself.

Workers' compensation insurance company or if employer is self-insured, person responsible for handling the claim is:

Address: _____

Phone: _____

You may be able to find the name of your employer's workers' compensation insurer at www.caworkcompcoverage.com. If no coverage exists or coverage has expired, contact the Division of Labor Standards Enforcement at www.dir.ca.gov/DLSE as all employees must be covered by law.

Get emergency treatment if needed

If it's a medical emergency, go to an emergency room right away. Tell the medical provider who treats you that your injury is job related. Your employer may tell you where to go for treatment.



Emergency telephone number: Call 911 for an ambulance, fire department or police. For non-emergency medical care, contact your employer, the workers' compensation claims administrator or go to this facility:

Fill out DWC 1 claim form and give it to your employer

Your employer must give you a [DWC 1 claim form](#) within one working day after learning about your injury or illness. Complete the employee portion, sign and give it back to your employer. Your employer will then file your claim with the claims administrator. Your employer must authorize treatment within **one working day** of receiving the **DWC 1 claim form**. If the injury is from repeated exposures, you have **one year** from when you realized your injury was job related to file a claim.

In either case, you may receive up to **\$10,000** in employer-paid medical care until your claim is either accepted or denied. The claims administrator has **up to 90 days** to decide whether to accept or deny your claim. Otherwise, your case is presumed payable. Your employer or the claims administrator will send you "benefit notices" that will advise you of the status of your claim.

MORE ABOUT MEDICAL CARE

What is a Primary Treating Physician (PTP)?

This is the doctor with overall responsibility for treating your injury or illness. He or she may be:

- The doctor you name in writing *before* you get hurt on the job
- A doctor from the medical provider network (MPN)
- The doctor chosen by your employer during the first 30 days of injury if your employer does not have an MPN or
- The doctor you chose after the first 30 days if your employer does not have a MPN.

What is a Medical Provider Network (MPN)?

A MPN is a select group of health care providers who treat injured workers. Check with your employer to see if they are using a MPN. If you have not named a doctor before you get hurt and your employer is using a MPN, you will see a MPN doctor. After your first visit, you are free to choose another doctor from the MPN list.

What is Predesignation?

Predesignation is when you name your regular doctor to treat you if you get hurt on the job. The doctor must be a medical doctor (M.D.), doctor of osteopathic medicine (D.O.) or a medical group with an M.D. or D.O. You must name your doctor in writing *before* you get hurt or become ill.



You may predesignate a doctor if you have health care coverage for non-work injuries and illnesses. The doctor must have:

- Treated you
- Maintained your medical history and records before your injury and
- Agreed to treat you for a work-related injury or illness before you get hurt or become ill.

You may use the “predesignation of personal physician” form included with this notice. After you fill in the form, be sure to give it to your employer. If your employer does not have an approved MPN, you may name your chiropractor or acupuncturist to treat you for work related injuries. The notice of personal chiropractor or acupuncturist must be in writing before you get hurt. You may use the form included in this notice. After you fill in the form, be sure to give it to your employer.

With some exceptions, state law does not allow a chiropractor to continue as your treating physician after 24 visits. Once you have received 24 chiropractic visits, if you still require medical treatment, you will have to select a new physician who is not a chiropractor. The term “chiropractic visit” means any chiropractic office visit, regardless of whether the services performed involve chiropractic manipulation or are limited to evaluation and management.

Exceptions to 24 visits include postsurgical physical medicine visits prescribed by the surgeon, or physician designated by the surgeon, under the postsurgical component of the Division of Workers’ Compensation’s Medical Treatment Utilization Schedule, or if your employer has authorized additional visits in writing.

WHAT IF THERE IS A PROBLEM?

If you have a concern, speak up. Talk to your employer or the claims administrator handling your claim and try to solve the problem. If this doesn’t work, get help by trying the following:

Contact the Division of Workers’ Compensation (DWC) Information and Assistance (I&A) Unit. All 24 DWC offices throughout the state provide information and assistance on rights, benefits and obligations under California's workers' compensation laws. I&A officers help resolve disputes without formal proceedings. Their goal is to get you full and timely benefits. Their services are free.

To contact the nearest I&A Unit, go to [https:// www.dir.ca.gov/dwc/ianda.html](https://www.dir.ca.gov/dwc/ianda.html) or call **1-800-736-7401**.

The nearest I&A Unit is located at:

Address: _____

Phone number: _____



Consult with an attorney

Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fees may be taken out of some of your benefits. For names of workers' compensation attorneys, call the State Bar of California at **1-415-538-2120** or go visit their website at www.californiaspecialist.org. You may also get a list of attorneys from your local I&A Unit by calling **1-800-736-7401**.

Your employer may not pay workers' compensation benefits if you get hurt in a voluntary off- duty recreational, social or athletic activity that is not part of your work-related duties.

You may also have other rights under the Americans with Disabilities Act (ADA) or the California Fair Employment and Housing Act (FEHA). For additional information, contact California Civil Rights Department (CRD) at 1-800-884-1684 or the Equal Employment Opportunity Commission (EEOC) at 1-800-669-4000.

The information contained in this notice conforms to the informational requirements found in Labor Code sections 3551 and 3553 and California Code of Regulation, Title 8, sections 9880 and 9883. This document is approved by the Division of Workers' Compensation Administrative Director.

Please visit the Division of Workers' Compensation website at: www.dwc.ca.gov or call 1-800-736-7401

Department of Industrial Relations
1515 Clay Street, 17th Floor
Oakland, CA 94612



PREDESIGNATION OF PERSONAL PHYSICIAN

In the event you sustain an injury or illness related to your employment, you may be treated for such injury or illness by your personal medical doctor (M.D.), doctor of osteopathic medicine (D.O.) or medical group if:

- on the date of your work injury you have health care coverage for injuries or illnesses that are not work related;
- the doctor is your regular physician, who shall be either a physician who has limited his or her practice of medicine to general practice or who is a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner, and has previously directed your medical treatment, and retains your medical records;
- your "personal physician" may be a medical group if it is a single corporation or partnership composed of licensed doctors of medicine or osteopathy, which operates an integrated multispecialty medical group providing comprehensive medical services predominantly for nonoccupational illnesses and injuries;
- prior to the injury your doctor agrees to treat you for work injuries or illnesses;
- prior to the injury you provided your employer the following in writing: (1) notice that you want your personal doctor to treat you for a work-related injury or illness, and (2) your personal doctor's name and business address.

You may use this form to notify your employer if you wish to have your personal medical doctor or a doctor of osteopathic medicine treat you for a work-related injury or illness and the above requirements are met.

NOTICE OF PREDESIGNATION OF PERSONAL PHYSICIAN

Employee: Complete this section.

To: _____ (name of employer) If I have a work-related injury or illness, I
choose to be treated by: _____
(name of doctor)(M.D., D.O., or medical group)
_____ (street address, city, state, ZIP)
_____ (telephone number)

Employee Name (please print): _____

Employee's Address: _____

Name of Insurance Company, Plan, or Fund providing health coverage for nonoccupational injuries or illnesses: _____

Employee's Signature _____ Date: _____

Physician: I agree to this Predesignation:

Signature: _____ Date: _____
(Physician or Designated Employee of the Physician or Medical Group)

The physician is not required to sign this form, however, if the physician or designated employee of the physician or medical group does not sign, other documentation of the physician's agreement to be predesignated will be required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3).

Title 8, California Code of Regulations, section 9783.

NOTICE OF PERSONAL CHIROPRACTOR OR PERSONAL ACUPUNCTURIST

If your employer or your employer's insurer does not have a Medical Provider Network, you may be able to change your treating physician to your personal chiropractor or acupuncturist following a work-related injury or illness. In order to be eligible to make this change, you must give your employer the name and business address of a personal chiropractor or acupuncturist in writing prior to the injury or illness. Your claims administrator generally has the right to select your treating physician within the first 30 days after your employer knows of your injury or illness. After your claims administrator has initiated your treatment with another doctor during this period, you may then, upon request, have your treatment transferred to your personal chiropractor or acupuncturist.

NOTE: If your date of injury is January 1, 2004 or later, a chiropractor cannot be your treating physician after you have received 24 chiropractic visits unless your employer has authorized additional visits in writing. The term "chiropractic visit" means any chiropractic office visit, regardless of whether the services performed involve chiropractic manipulation or are limited to evaluation and management. Once you have received 24 chiropractic visits, if you still require medical treatment, you will have to select a new physician who is not a chiropractor. This prohibition shall not apply to visits for postsurgical physical medicine visits prescribed by the surgeon, or physician designated by the surgeon, under the postsurgical component of the Division of Workers' Compensation's Medical Treatment Utilization Schedule.

You may use this form to notify your employer of your personal chiropractor or acupuncturist.

Your Chiropractor or Acupuncturist's Information:

(name of chiropractor or acupuncturist)

(street address, city, state, zip code)

(Telephone number)

Employee Name (please print): _____

Employee's Address:

Employee's Signature _____ Date: _____

Title 8, California Code of Regulations, section 9783.1.
(Optional DWC Form 9783.1 Effective date July 1, 2014)

Employee Direct Deposit Banking Authorization Form

RUN Powered by ADP®



This form can be filled out online and printed.*
Please complete all fields.

Company Information

Company Name: _____ Date: _____

Employee Information Authorization

Important! Please read and sign before completing and submitting.

I hereby voluntarily authorize the Company named above (hereafter “Employer”), either directly or through its payroll service provider, to deposit any amounts owed me, by initiating credit entries to my account (s) at the financial institution (s) of my choice (hereinafter “Bank”) indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Employer, either directly or through its payroll service provider, to my account. To the extent permitted by law, in the event that Employer or its payroll service provider deposits funds erroneously into my account (s), I authorize Employer, either directly or through its payroll service provider, to debit my account for an amount not to exceed the original amount of the erroneous credit.

To the extent permitted by law, I understand that I have the right to refuse consent or revoke authorization of direct deposit at any time without fear of retaliation, and I have the right to receive any payment owed to me by other means. This authorization is to remain in full force and effect until Employer and Bank have received written notice from me of its termination in such time and manner as to afford Employer and Bank reasonable opportunity to act on it.

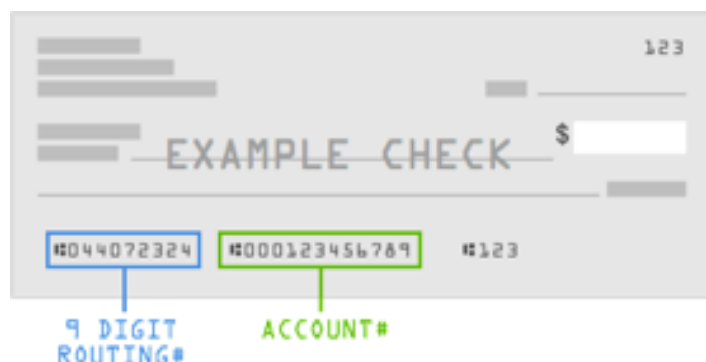
Legal Name: _____
(Last Name, First Name, Middle Initial)

Signature: _____ Date: _____

Deposit/Account Information

For a checking account, attach a voided check, not a deposit slip. If you don't have a check, ask your bank to give you the Routing Number (the nine-digit American Bankers Association (ABA) number that identifies both the Company's bank and the Federal Reserve Bank) for your account.

Note: If you have a paycard, set it up as a checking account, not a savings account. Contact the paycard issuer for the account number/routing number information.



Employee Direct Deposit Banking Authorization Form

RUN Powered by ADP®

1. Deposit/Account Information

Bank Name: _____

Routing #: _____ Account #: _____

Choose only one account type:

☐ Checking ☐ Savings

Amount to deposit in selected account:

\$ _____ or ☐ Full Net Amount

2. Deposit/Account Information

Bank Name: _____

Routing #: _____ Account #: _____

Choose only one account type:

☐ Checking ☐ Savings

Amount to deposit in selected account:

\$ _____ or ☐ Full Net Amount

3. Deposit/Account Information

Bank Name: _____

Routing #: _____ Account #: _____

Choose only one account type:

☐ Checking ☐ Savings

Amount to deposit in selected account:

\$ _____ or ☐ Full Net Amount

4. Deposit/Account Information

Bank Name: _____

Routing #: _____ Account #: _____

Choose only one account type:

☐ Checking ☐ Savings

Amount to deposit in selected account:

\$ _____ or ☐ Full Net Amount

Take advantage of Employee Access® in RUN Powered by ADP® to let your employees manage their own direct deposits.

***Attention Payroll Contact:** Employers must keep each original Employee Direct Deposit Banking Authorization form on file as long as the employee is using direct deposit, and for two years thereafter. Employers may be subject to certain federal and state direct deposit notice, authorization and record retention requirements. Please review your applicable federal, state and local laws. This form is provided for convenience only and is not meant and should not be construed as legal, HR, financial, insurance, tax or accounting advice. You should consult with your own legal counsel, human resource, accounting or other professional advisor for circumstances pertaining to your business.



What Are My Benefits During Pregnancy?

Your disability period begins the first day you are unable to do your regular work. DI benefits are based on the period of time your licensed health professional certifies you are unable to do your regular work. You can file a DI claim for your pregnancy-related disability, and recovery from delivery.

Without medical complications, you can receive benefits up to four weeks before your expected delivery date and up to six weeks after your delivery. For cesarean section, you can receive benefits up to eight weeks after delivery.

After your DI pregnancy claim ends, you may be eligible to receive up to eight weeks of Paid Family Leave (PFL) to bond with your new baby. A PFL bonding claim form is automatically sent with the final DI benefit payment.

What If I Require Care During My Disability?

If you require care during your disability, your child, parent, parent-in-law, grandparent, grandchild, sibling, spouse, or registered domestic partner may be eligible to receive up to eight weeks of PFL benefits to take time off work to care for you. For more information visit [California PFL](https://edd.ca.gov/en/disability/paid-family-leave) (edd.ca.gov/en/disability/paid-family-leave).

What is Disability?

Disability is an illness or injury, either physical or mental, which prevents you from doing your regular work. Disability includes elective surgery, pregnancy, childbirth, or related medical conditions.

What is Disability Insurance?

Disability Insurance (DI) is a part of the State Disability Insurance (SDI) program. DI helps replace your income when you can't work as a result of a non-work-related disability. The program is funded through your SDI tax withholding. You are most likely eligible if you've paid into the SDI program (noted as "CASDI" on paystubs).

Elective Coverage is a plan where employers, the self-employed, and general partners may choose to be covered under SDI. Benefits and eligibility are determined differently between these plans. Find the annual cost of participating at your local [Tax Office](https://edd.ca.gov/office_locator) (edd.ca.gov/office_locator) or by visiting [Disability Insurance Elective Coverage](https://edd.ca.gov/en/Payroll_Taxes/Disability_Insurance_Elective_Coverage) (edd.ca.gov/en/Payroll_Taxes/Disability_Insurance_Elective_Coverage).

Citizenship and immigration status do not affect eligibility for SDI benefits.



STATE OF CALIFORNIA
LABOR AND WORKFORCE DEVELOPMENT AGENCY
EMPLOYMENT DEVELOPMENT DEPARTMENT

This pamphlet is for general information only, and does not have the force and effect of the law, rule or regulation.

The EDD is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Requests for services, aids, and/or alternate formats need to be made by calling 1-866-490-8879 (voice). TTY users, please call the California Relay Service at 711.



Disability Insurance Provisions



How Do I Apply for Disability Insurance Benefits?

1. Use [SDI Online](#) (edd.ca.gov/SDI_Online) to file for benefits.
OR
You can request a paper claim form by:
 - Visiting [Forms and Publications](#) (forms.edd.ca.gov/forms).
 - Calling 1-800-480-3287.

California state government employees covered by SDI should call 1-866-352-7675.

2. After you complete Part A – Claimant’s Statement, have your licensed health professional complete Part B - Physician/Practitioner’s Certificate online or by using a paper claim form. If you are filing online, SDI Online will provide you a receipt number once Part A is submitted. Your licensed health professional will need your receipt number to complete Part B.

A claim cannot begin more than seven days before you were examined by or under the care of a licensed health professional.

3. File online or submit your paper claim form within 49 days from the date your disability begins. If your claim is late, you may lose benefits. Visit [Appeals](#) (eedd.ca.gov/en/Disability/Appeals) for more information.

What Happens Next?

- A properly completed claim takes two weeks to be processed.
- We will mail you a *Notice of Computation* (DE 429D) confirming we received your claim and providing your estimated benefit amount.
- You will know we approved your claim once you receive an *Electronic Benefit Payment (EBP) Notification* (DE 2500E).
- If more information is needed or if the claim has been denied, we will contact you.
- The first seven days of your DI claim are a non-payable waiting period. If a claim is filed for the same or related condition within 60 days of the first claim, it will be added on as a continuation of the initial claim. There is no additional waiting period.
- Benefits are paid once all information is received and you are approved. Benefit periods are two weeks at a time. If you are eligible for additional benefits, you will be sent the needed forms to complete and return. Allow 10 days for processing. If your benefits end midweek, that week will be paid at the daily rate. This rate is one-seventh of your weekly benefit amount.
- You will receive your benefits by the payment method you choose when filing a claim.



How Are My Benefits Calculated?

They are based on your paychecks during a specific 12-month period (called a base period) 5 to 18 months before the start of your claim. To qualify, you must have earned at least \$300 in your base period.

Visit the [Disability Insurance and Paid Family Leave Calculator](#) (edd.ca.gov/PFL_Calculator) to get an estimate.

What Affects My Ongoing Benefits?

You cannot be paid more than your normal weekly salary while receiving benefits. DI benefits are not affected by vacation pay you may receive.

Is There a Maximum Amount to My Benefits?

The maximum amount is 52 times the weekly rate of your benefits, but not more than your total base period wages earned when you were employed.

Exception: For employers and self-employed individuals who elect SDI coverage, the maximum benefit amount is 39 times the weekly rate.

Keep in mind that benefits are payable only for a limited period to a resident in an alcoholic recovery home or drug-free residential facility that is both licensed and certified by the state in which the facility is located. However, disabilities related to acute or chronic alcoholism or drug abuse, being medically treated, do not have this limitation.

What Are My Rights If My Benefits Are Denied?

- **You can** know the reason and basis for any decision that affects your benefits.
- **You can** appeal any decision about your eligibility for benefits. Appeals must be sent to the DI office in writing.
- **You can** request an appeal hearing before an Administrative Law Judge (ALJ). You may further appeal the ALJ’s decision to the California Unemployment Insurance Appeals Board and the courts.
- **Your privacy** – all claim information will be kept confidential except for the purposes allowed by law.

Contact DI

- English 1-800-480-3287.
- Spanish 1-866-658-8846.
- By US mail addressed to PO Box 13140, Sacramento, CA 95813-3140. If you do not have a current claim, you may write to any DI office. Note: Do not mail claim forms to this PO Box.
- By TTY (for TTY users only) at 1-800-563-2441.
- In person by visiting any of the [DI Offices](#) (edd.ca.gov/office_locator).

If your disability is permanent or is expected to continue for a year or more, contact the [US Social Security Administration](#) (ssa.gov) or by phone at 1-800-772-1213 (TTY 1-800-325-0778).



About Paid Family Leave

Paid Family Leave program was created for those moments that matter. Benefits are available to care for a seriously ill family member, to bond with a new child, or to participate in a qualifying military event.

Facts About Paid Family Leave

- Provides up to eight weeks of partial-wage-replacement benefits. Leave doesn't have to be taken all at once.
- Provides approximately 70 to 90 percent of your weekly salary.
- Funded through your State Disability Insurance tax withholding, noted as "CASDI" on paystubs, or a qualifying voluntary plan paid into in the past 5 to 18 months.
- To bond with a new child, leave can be taken anytime within the first 12 months of a child entering your family.
- Citizenship and immigration status do not affect eligibility.

What if My Claim Is Denied?

If your claim is denied, you have the right to:

- Know the reason for denial.
- Appeal decisions about your eligibility for benefits. Visit [Appeals](https://edd.ca.gov/en/Disability/Appeals) (edd.ca.gov/en/Disability/Appeals) for information.

All claim information is confidential except for purposes allowed by law.



Paid Family Leave

Be there for the moments that matter.

English	1-877-238-4373
Spanish	1-877-379-3819
Cantonese	1-866-692-5595
Vietnamese	1-866-692-5596
Armenian	1-866-627-1567
Punjabi	1-866-627-1568
Tagalog	1-866-627-1569
TTY	1-800-445-1312

Visit a [Paid Family Leave or State Disability Insurance Office](https://edd.ca.gov/en/Disability/Contact_SDI) (edd.ca.gov/en/Disability/Contact_SDI) near you to obtain claim forms, receive information, or speak to a representative.

For more information, visit:
edd.ca.gov/PaidFamilyLeave

The EDD is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Requests for services, aids, and/or alternate formats need to be made by calling 1-866-490-8879 (voice). TTY users, please call the California Relay Service at 711.



PAID FAMILY LEAVE



Helping
Californians
be present for
the moments
that matter.





Do I Qualify for Paid Family Leave?

To qualify for Paid Family Leave benefits, you must:

- Take time off from work to care for a seriously ill family member, to bond with a new child or to participate in a qualifying military event.
- Be covered by State Disability Insurance or a voluntary plan in lieu of State Disability Insurance.
- Have earned at least \$300 in the past 5 to 18 months.
- Submit your claim no later than 41 days after you begin your family leave. Do not file before your first day of leave.

How Are Benefit Amounts Calculated?

Benefits are 70 to 90 percent of your highest quarterly earnings 5 to 18 months before your claim begins.

Estimate your benefits at [Disability Insurance and Paid Family Leave Calculator](http://edd.ca.gov/PFL_Calculator) (edd.ca.gov/PFL_Calculator).



Does Paid Family Leave Provide Job Protection?

Paid Family Leave does not provide job protection. Job protection may be provided if you qualify under other laws:

- Federal [Family and Medical Leave Act](http://dol.gov/agencies/whd/fmla) (dol.gov/agencies/whd/fmla).
- California Family Rights Act. [Civil Rights Department](http://calcivilrights.ca.gov) (calcivilrights.ca.gov).

Notify your employer of your plan to take leave and the reason for taking leave according to your company's policy.

How Do I Apply for Benefits?

You can apply for Paid Family Leave benefits at myedd.edd.ca.gov.

To file by mail, you must complete and submit a *Claim for Paid Family Leave (PFL) Benefits* (DE 2501F) form. Learn more at [File a Paid Family Leave Claim by Mail](http://edd.ca.gov/en/disability/How_to_File_a_PFL_Claim_by_Mail) (edd.ca.gov/en/disability/How_to_File_a_PFL_Claim_by_Mail).

Caregiving Claims

Provide medical certification for your seriously ill family member who requires your care. This certification needs to be from their licensed health professional. You must also provide information about the family member you are caring for and their signature.

Bonding Claims

Provide documents that show your relationship to your child. This can be a copy of your child's birth certificate, adoptive placement agreement, or foster care placement record.

If you are currently receiving pregnancy-related Disability Insurance benefits, it is not necessary to request a Paid Family Leave claim form. The form to file for bonding will be sent through your myEDD account or by mail when your pregnancy-related disability claim ends.

Military Assist Claims

Military assist claims require two types of supporting documents. This can be proof of covered active duty or call to covered active duty and documentation of the qualifying event.

Voluntary Plans

If you are covered by a voluntary plan, contact your employer for information about your coverage and instructions on how to apply for benefits.

**EMPLOYERS MUST PROVIDE THIS INFORMATION TO NEW WORKERS
WHEN HIRED AND TO OTHER WORKERS WHO ASK FOR IT**

**RIGHTS OF VICTIMS OF DOMESTIC VIOLENCE,
SEXUAL ASSAULT, STALKING, CRIMES THAT
CAUSE PHYSICAL INJURY OR MENTAL
INJURY, AND CRIMES INVOLVING A THREAT
OF PHYSICAL INJURY; AND OF PERSONS
WHOSE IMMEDIATE FAMILY MEMBER IS
DECEASED AS A DIRECT RESULT OF A CRIME**

Your Right to Take Time Off:

- You have the right to take time off from work to obtain relief from a court, including obtaining a restraining order, to protect you and your children's health, safety or welfare.
- If your company has 25 or more workers, you can take time off from work to get medical attention for injuries caused by crime or abuse, receive services from a domestic violence shelter, program, rape crisis center, or victim services organization or agency as a result of the crime or abuse, receive psychological counseling or mental health services related to an experience of crime or abuse, or participate in safety planning and take other actions to increase safety from future crime or abuse.
- You may use accrued paid sick leave or vacation, personal leave, or compensatory time off that is otherwise available for your leave unless you are covered by a union agreement that says something different. Even if you don't have paid leave, you still have the right to time off.
- In general, you don't have to give your employer proof to use leave for these reasons.
- If you can, you should tell your employer before you take time off. Even if you cannot tell your employer beforehand, your employer cannot discipline you if you give proof explaining the reason for your absence within a reasonable time. Proof can be a police report, a court order, a document from a licensed medical professional, a victim advocate, a licensed health care provider, or counselor showing that you were undergoing treatment for domestic violence related trauma, or a written statement signed by you, or an individual acting on your behalf, certifying that the absence is for an authorized purpose.

Your Right to Reasonable Accommodation:

- You have the right to ask your employer for help or changes in your workplace to make sure you are safe at work. Your employer must work with you to see what changes can be made. Changes in the workplace may include putting in locks, changing your shift or phone number, transferring or reassigning you, or help with keeping a record of what happened to you. Your employer can ask you for a signed statement certifying that your request is for a proper purpose, and may also request proof showing your need for an accommodation. Your employer cannot tell your coworkers or anyone else about your request.

Your Right to Be Free from Retaliation and Discrimination:

Your employer cannot treat you differently or fire you because:

- You are a victim of domestic violence, sexual assault, stalking, a crime that caused physical injury or mental injury, or a crime involving threat of physical injury; or are someone whose immediate family member is deceased as a direct result of a crime.
- You asked for leave time to get help.
- You asked your employer for help or changes in the workplace to make sure you are safe at work.

You can file a complaint with the Labor Commissioner's Office against your employer if he/she retaliates or discriminates against you.

For more information, contact the California Labor Commissioner's Office. We can help you by phone at 213-897-6595, or you can find a local office on our website: www.dir.ca.gov/dlse/DistrictOffices.htm. If you do not speak English, we will provide an interpreter in your language at no cost to you. This Notice explains rights contained in California Labor Code sections 230 and 230.1. Employers may use this Notice or one substantially similar in content and clarity.

Labor Commissioner's Office Victims of Domestic Violence, Sexual Assault and Stalking Notice

3/2021



Civil Rights
Department
STATE OF CALIFORNIA

SEXUAL HARASSMENT

THE FACTS

Sexual harassment is a form of discrimination based on sex/gender (including pregnancy, childbirth, or related medical conditions), gender identity, gender expression, or sexual orientation. Individuals of any gender can be the target of sexual harassment. Unlawful sexual harassment does not have to be motivated by sexual desire. Sexual harassment may involve harassment by a person of the same gender, regardless of either person's sexual orientation or gender identity.

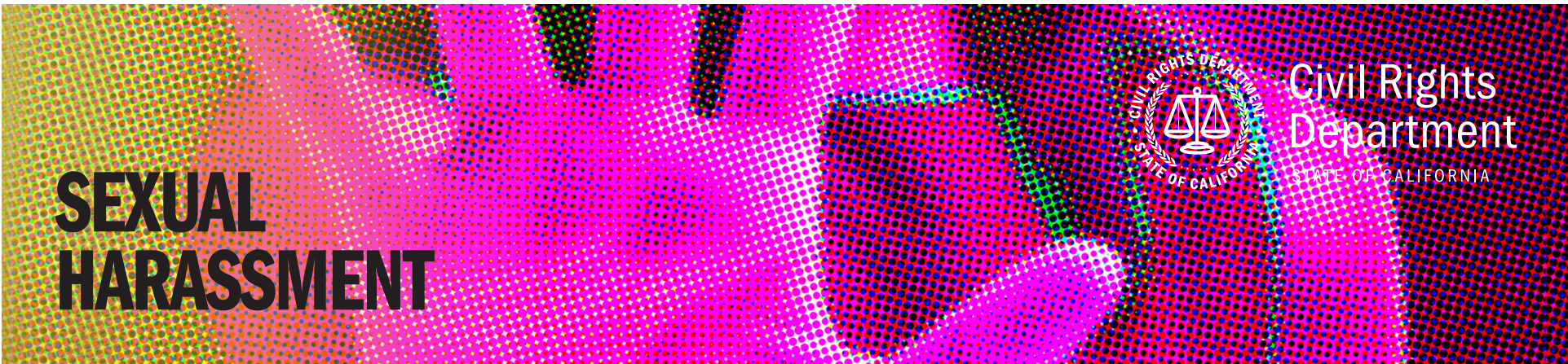
THERE ARE TWO TYPES OF SEXUAL HARASSMENT

1. *"Quid pro quo"* (Latin for "this for that") sexual harassment is when someone conditions a job, promotion, or other work benefit on your submission to sexual advances or other conduct based on sex.
2. *"Hostile work environment"* sexual harassment occurs when unwelcome comments or conduct based on sex unreasonably interferes with your work performance or creates an intimidating, hostile, or offensive work environment. You may experience sexual harassment even if the offensive conduct was not aimed directly at you.

The harassment must be severe or pervasive to be unlawful. A single act of harassment may be sufficiently severe to be unlawful.

BEHAVIORS THAT MAY BE SEXUAL HARASSMENT

1. Unwanted sexual advances
2. Offering employment benefits in exchange for sexual favors
3. Leering; gestures; or displaying sexually suggestive objects, pictures, cartoons, or posters
4. Derogatory comments, epithets, slurs, or jokes
5. Graphic comments, sexually degrading words, or suggestive or obscene messages or invitations
6. Physical touching or assault, as well as impeding or blocking movements



Actual or threatened retaliation for rejecting advances or complaining about harassment is also unlawful.

Employees or job applicants who believe that they have been sexually harassed or retaliated against may file a complaint of discrimination with CRD within three years of the last act of harassment or retaliation. CRD serves as a neutral fact-finder and attempts to help the parties voluntarily resolve disputes.

If CRD finds sufficient evidence to establish that discrimination occurred and settlement efforts fail, the Department may file a civil complaint in state or federal court to address the causes of the discrimination and on behalf of the complaining party. CRD may seek court orders changing the employer’s policies and practices, punitive damages, and attorney’s fees and costs if it prevails in litigation. Employees can also pursue the matter through a private lawsuit in civil court after a complaint has been filed with CRD and a Right-to-Sue Notice has been issued.

EMPLOYER RESPONSIBILITY & LIABILITY

All employers, regardless of the number of employees, are covered by the harassment provisions of California law. Employers are liable for harassment by their supervisor or agents. Employees accused of harassment, including both supervisory and non-supervisory personnel, may be held personally liable for harassment or for aiding and abetting harassment. The law requires employers to take reasonable steps to prevent harassment. If an employer fails to take such steps, that employer can be held liable for the harassment. In addition, an employer may be liable for the harassment by a non-employee (for example, a client or customer) of an employee, applicant, or person providing services for the employer. An employer will only be liable for this form of harassment if it knew or should have known of the harassment, and failed to take immediate and appropriate corrective action.

Employers have an affirmative duty to take reasonable steps to prevent and promptly correct discriminatory and harassing conduct, and to create a workplace free of harassment.

A program to eliminate sexual harassment from the workplace is not only required by law, but it is the most practical way for an employer to avoid or limit liability if harassment occurs.

ALL EMPLOYERS MUST TAKE THE FOLLOWING ACTIONS TO PREVENT HARASSMENT AND CORRECT IT WHEN IT OCCURS:

1. Distribute copies of this document or an alternative writing that complies with Government Code 12950. This document may be duplicated in any quantity.
2. Post a copy of the CRD employment poster “California Law Prohibits Workplace Discrimination and Harassment.”
3. Develop a harassment, discrimination, and retaliation prevention policy in accordance with 2 CCR 11023.

The policy must:

- Be in writing.
- List all protected groups under the FEHA.
- Indicate that the law prohibits coworkers and third parties, as well as supervisors and managers with whom the employee comes into contact, from engaging in prohibited harassment.
- Create a complaint process that ensures confidentiality to the extent possible; a timely response; an impartial and timely investigation by qualified personnel; documentation and tracking for reasonable progress; appropriate options for remedial actions and resolutions; and timely closures.
- Provide a complaint mechanism that does not require an employee to complain directly to their immediate supervisor.
- That complaint mechanism must include, but is not limited to including: provisions for direct communication, either orally or in writing, with a designated company representative; and / or a complaint hotline; and/ or access to an ombudsperson; and/

or identification of CRD and the United States Equal Employment Opportunity Commission as additional avenues for employees to lodge complaints.

- Instruct supervisors to report any complaints of misconduct to a designated company representative, such as a human resources manager, so that the company can try to resolve the claim internally. Employers with 50 or more employees are required to include this as a topic in mandated sexual harassment prevention training (see 2 CCR 11024).
 - Indicate that when the employer receives allegations of misconduct, it will conduct a fair, timely, and thorough investigation that provides all parties appropriate due process and reaches reasonable conclusions based on the evidence collected.
 - Make clear that employees shall not be retaliated against as a result of making a complaint or participating in an investigation.
4. Distribute its harassment, discrimination, and retaliation prevention policy by doing one or more of the following:
 - Printing the policy and providing a copy to employees with an acknowledgment form for employees to sign and return.
 - Sending the policy via email with an acknowledgment return form.
 - Posting the current version of the policy on a company intranet with a tracking system to ensure all employees have read and acknowledged receipt of the policy.
 - Discussing policies upon hire and/or during a new hire orientation.
 - Using any other method that ensures employees received and understand the policy.
 5. If the employer’s workforce at any facility or establishment contains ten percent or more of persons who speak a language other than English as their spoken language, that employer shall translate the harassment, discrimination, and retaliation policy into every language spoken by at least ten percent of the workforce.
 6. In addition, employers who do business in California and employ 5 or more part-time or full-time employees must provide at least one hour of training regarding the prevention of sexual harassment, including harassment based on gender identity, gender expression, and sexual orientation, to each non-supervisory employee; and two hours of such training to each supervisory employee. All employees must be trained by January 1, 2023. New supervisory employees must be trained within six months of assuming their supervisory position, and new non-supervisory employees must be trained within six months of hire. Employees must be retrained once every two years. Please see Gov. Code 12950.1 and 2 CCR 11024 for further information.

CIVIL REMEDIES

1. Damages for emotional distress from each employer or person in violation of the law
2. Hiring or reinstatement
3. Back pay or promotion
4. Changes in the policies or practices of the employer

To schedule an appointment, contact the Communication Center below. If you have a disability that requires a reasonable accommodation, the CRD can assist you by scribing your intake by phone or, for individuals who are Deaf or Hard of Hearing or have speech disabilities, through the California Relay Service (711), or you can contact us below.

TO FILE A COMPLAINT

Civil Rights Department
calcivilrights.ca.gov/complaintprocess
Toll Free: 800.884.1684 / TTY: 800.700.2320
California Relay Service (711)

Have a disability that requires a reasonable accommodation?
CRD can assist you with your complaint.

Employee Handbook Acknowledgment

I acknowledge that I have received and reviewed the employee handbook. I understand and recognize that there may be changes to the information, policies, and benefits in the handbook. I understand that Amador County Wine Heritage District may add new policies to the handbook as well as replace, change, or cancel existing policies. I understand that I will be informed of handbook changes and that handbook changes can only be authorized by Amador County Wine Heritage District management.

I understand that I became an employee of Amador County Wine Heritage District voluntarily. I understand and acknowledge that there is no specified length to my employment, that this handbook does not create an express or implied contract of employment, and that my employment is at will. I understand and acknowledge that "at will" means that I may terminate my employment at any time, with or without cause or advance notice. I also understand and acknowledge that "at will" means that Amador County Wine Heritage District may terminate my employment at any time, with or without cause or advance notice.

I understand that it is my responsibility to read and comply with all policies included within the employee handbook. I further understand that I should consult my supervisor regarding any questions I may have.

Employee Signature

Employee signature

Date

Printed Name

Employer Representative

Sample Employee Disclosure to Comply with Notice Obligation under section 1798.100(b) of the California Consumer Privacy Act

This disclosure is provided as a sample and may not be suitable for every situation. You may have additional CCPA disclosure obligations and should consult experienced counsel for legal advice. This disclosure should not be considered legal advice or a legal opinion. If you use this disclosure (either "as is" or by modifying the disclosure), you are responsible for all content.

PLEASE REMOVE THIS TEXT BEFORE USING THE LETTER.

Amador County Wine Heritage District

California Consumer Privacy Act Employee Disclosure

Dear Employee,

Respecting the privacy of our employees is an essential part of our privacy program. We are committed to the proper handling of the Personal Information collected or processed in connection with your employment relationship with us. This disclosure describes categories of Personal Information we collect and the purposes for which we process that information in accordance with section 1798.100 (b) of the California Consumer Privacy Act. The CCPA defines Personal Information as categories of information that identifies, relates to, describes or is reasonably capable of being associated with, or could reasonably be linked, directly or indirectly to a particular individual or household.

We collect, receive, maintain and/or share Personal Information with our service provider, ADP. The categories and the purposes described below for use of personal information reflects data processed across ADP's products.

Categories of Personal Information Collected	
Category A	Identifiers, such as name, contact information, online identifiers and Social Security numbers and other government-issued ID numbers
Category B	Personal information, as defined in the California consumer records law, such as name, contact information, insurance policy number, education, employment, employment history financial information, medical information and health information ¹
Category C	Characteristics of protected classifications under California or federal law, ² such as sex, age, race, religion, national origin, disability, medical conditions and information, citizenship, immigration status and marital status
Category D.	Commercial information, such as transaction information, purchase history and financial details

¹ This includes name, signature, social security number, physical characteristics or description, address, telephone number, passport number, driver's license or state identification card number, insurance policy number, education, employment, employment history, bank account number, credit card number, debit card number, or any other financial information, medical information, or health insurance information.

² This include sex (including pregnancy, childbirth, breastfeeding, and related medical conditions), age (40 and over), race, color, religion or creed, ancestry, national origin, disability, medical conditions, genetic information AIDS/HIV status, marital status, sexual orientation, gender identity and expression, citizenship, primary language, immigration status, military/veteran status, political affiliation/activities, domestic violence victim status, and request for leave.

Category E. ³	Biometric information, such as facial recognition and fingerprints
Category F. ^{3,4}	Internet or network activity information, such as browsing history and interactions with our website, applications or systems
Category G. ^{3,4}	Geolocation data, such as device location
Category H. ⁴	Audio, electronic, visual, and similar information, such as images and audio, video or call recordings created in connection with our business activities;
Category I.	Professional or employment-related information, such as work history and prior employer, human resources data and data necessary for benefits and related administrative services
Category J. ⁴	Education information subject to the federal Family Educational Rights and Privacy Act, such as student records
Category K.	Inferences drawn from any of the Personal Information listed above to create a profile or summary above, for example, an individual's preferences, abilities, aptitudes and characteristics

Personal Information is collected for the following purposes:

1. To comply with state and federal law and regulations;
2. To process payroll;
3. To track time and attendance;
4. To manage workers' compensation claims;
5. To administer and maintain benefits, including group health insurance;
6. To administer and maintain retirement service;
7. To manage employee performance of their job duties, including promotions, discipline, and/or termination;
8. To conduct workplace investigations;
9. To evaluate job applicants and candidates for employment;
10. To obtain and verify background checks;
11. To grant and monitor employees' access to secure company facilities;
12. To implement, monitor, and manage electronic security measures on devices that are used to access networks and systems (e.g., incident management);
13. To engage in corporate transactions requiring review of employee records, such as for evaluating potential mergers and acquisitions of the Company;
14. To maintain commercial insurance policies and coverages, including for workers' compensation and other liability insurance;
15. To anonymize and/or aggregate data to perform workforce analytics, data analytics, and benchmarking;
16. To perform call monitoring and surveillance (e.g., CCTV); and
17. To provide, validate, or communicate services offered by ADP directly to individuals.

If you have any questions about the collection and processing of your Personal Information or about the security of your Personal Information, please contact Human Resources.

³ Only applicable where employer has selected to receive time keeping services from ADP.

⁴ Only applicable where employer has selected to receive screening and selection services from ADP.