

\_\_\_\_\_  
Today's Date

**RE:** Notice under Cal. Lab. Code § 2810.5

Dear \_\_\_\_\_  
(Student Employee Name)



Welcome to Santa Clara University! California Labor Code § 2810.5 requires that all newly hired non-exempt employees receive the following information. Please review, sign, and date the below Acknowledgement of Receipt and return to Human Resources on your first day. Thanks, and please do not hesitate to contact me with any questions.

Sincerely,  
Department of Human Resources

**Wage Information**

Your hire date is \_\_\_\_\_. Your rate of pay is \$\_\_\_\_\_ per hour. Your overtime rate of pay is \$\_\_\_\_\_ per hour and your double time overtime rate of pay will be \$\_\_\_\_\_ per hour. You will be paid semi-monthly on the University's designated paydays, the 7<sup>th</sup> and 22<sup>nd</sup> of each month. When the 7<sup>th</sup> or the 22<sup>nd</sup> falls on a weekend or holiday employees will be paid within one business day either before or after the weekend or holiday. You received a written offer letter which constitutes your employment agreement that also details your rate of pay. No allowances are claimed as part of your wage.

**Employer Information**

Santa Clara University is a non-profit entity. The official name and contact information is:  
President and Board of Trustees, Santa Clara College  
D/b/a Santa Clara University  
500 El Camino Real  
Santa Clara, CA 95053  
408-554-4000

**Workers' Compensation**

Travelers' Insurance  
205 Lennon Lane  
Walnut Creek, CA 94598  
(Mailing) P.O. Box 8112  
Walnut Creek, CA, 94596  
800-842-7354  
Policy No. TC2JUB4239B899

**Paid Sick Leave**

You are entitled to minimum requirements for paid sick leave under California 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.

You accrue paid sick leave 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.

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.

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 expressly provides for wages, hour 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](http://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 between the employer and employee in order to credit any meals or lodging against the minimum wage. Any such voluntary written agreement must be evidence by a separate document.

**Acknowledgement of Receipt**

I have read and fully understand the foregoing notice.

\_\_\_\_\_  
Printed Student Employee Name

\_\_\_\_\_  
Student Employee's Signature

\_\_\_\_\_  
Date