



**EMPLOYEE
NOTICE OF HIRE**

EMPLOYER INFORMATION

Employer Name: Associated Students, California State University, Northridge, Inc.
Physical & Mailing Address: 18111 Nordoff Street, Northridge, CA 91330-8260
Employer Phone (Human Resources): 818-677-4206

EMPLOYEE & WAGE INFORMATION

Last Name: _____ First Name: _____ MI _____

Primary Phone: _____ Type: _____ Gender: Female Male Non-Binary

CSUN Email: _____ Other Email: _____

CSUN ID#: _____ CSUN User Name: _____ Pronouns: _____

Hire Date: _____ Position Title: _____

Pay Rate: \$ _____ Overtime Rate: \$ _____

Rate by (check box): Hour Shift Day Week Salary Piece Rate Commission

Allowances, if any, claimed as part of minimum wage (not including meal or lodging allowance): NONE

Classification (Student Employees): _____ Regular Pay Date: Alternating Fridays

Employment Agreement is: ORAL

Department: _____ Employee Type: _____

Anti-Harassment Training: Employee Supervisor/Manager

WORKER'S COMPENSATION INFORMATION

Insurance Carrier: Sedgwick CMS, Inc. Policy Number: AO-CSURMA-19

Address: PO Box 14479, Lexington, KY, 40512-4479

Phone: 916-852-2953

IMPORTANT LABOR CODE INFORMATION

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.

PAID SICK LEAVE INFORMATION

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 following applies to the employee identified on this notice: *(Check one box)*

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.

Accrues paid sick leave pursuant to the employer's policy which satisfies or exceeds the accrual, carryover, and use requirements of Labor Code §246.

Employer provides no less than 24 hours (or 3 days) of paid sick leave at the beginning of each 12-month period.

The employee is exempt from paid sick leave protection by Labor Code §245.5. (State exemption and specific subsection for exemption): _____

ACKNOWLEDGEMENT OF RECEIPT

Print Name of Employer Representative

Print Name of Employee

Signature of Employer Representative

Signature of Employee

Date Signed by Employer Representative

Date Signed by Employee

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