



## Earned Sick Leave and Minimum Wage Employee Notification Form

Legal Name of Hiring Employer: \_\_\_\_\_

D/B/A of Hiring Employer (if different than Legal Name): \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's Phone number: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employee Start Date: \_\_\_\_\_

Earned sick leave method used: \_\_\_\_\_

### As of July 11, 2016, all Employers must:

- Pay no less than minimum wage as outlined in the City of San Diego's Earned Sick Leave and Minimum Wage Ordinance and provide paid sick leave to all employees who perform at least two (2) hours of work in one work week within the geographic boundaries of the City of San Diego
- Allow employees to begin using accrued sick leave after the ninetieth (90) day of employment or after July 11, 2016, whichever is later
- Post the Earned Sick Leave and Minimum Wage notices published each year by the City in a conspicuous place at workplace or job site where employees work
- Create contemporaneous records documenting employees' wages earned and accrual and use of earned sick leave. These records must be provided to employees on a regular basis and retained by employer for at least three (3) years
- Allow Enforcement Official reasonable access to the workplace to inspect and interview witnesses in furtherance of an investigation

### Employee rights:

- Employees who assert any rights provided in the Earned Sick Leave and Minimum Wage Ordinance are protected from retaliation
- Employees may file a civil lawsuit against their employers for any violation of the Ordinance or may file a complaint with the City of San Diego Enforcement Office

If you have questions, need additional information, or believe your employer has violated any provision of this law, please contact your employer, visit the City of San Diego Minimum Wage Enforcement Office website at <https://www.sandiego.gov/compliance/minimum-wage> or contact the City of San Diego's Minimum Wage Program via email at [SDMinWage@sandiego.gov](mailto:SDMinWage@sandiego.gov) or via fax at (619) 533-3320.

### 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.*