

**NOTICE TO EMPLOYEE**  
**Labor Code section 2810.5**

Effective January 1, 2012, California Labor Code section 2810.5(a) requires that the following information be provided to each employee at the time of hire in the language the employer normally uses to communicate employment-related information. Exceptions to this requirement are indicated on the next page.  
This notice is available in other languages at [www.dir.ca.gov/DLSE](http://www.dir.ca.gov/DLSE).

**EMPLOYEE**

**Employee Name:** \_\_\_\_\_ **Hire Date:** \_\_\_\_\_

**EMPLOYER**

**Name of Employer:** \_\_\_\_\_

(Check all that apply):  Sole Proprietor  Corporation  Limited Liability Company  General Partnership

Other type of entity: \_\_\_\_\_

Staffing agency (e.g., temp agency or PEO)

**Other Name Employer is doing business as** (if applicable): \_\_\_\_\_

**Physical Address of Main Office:** \_\_\_\_\_

**Employer's Mailing Address:** \_\_\_\_\_

**Employer's Telephone Number:** \_\_\_\_\_

If the worksite employer uses any other business or entity to hire employees or administer wages or benefits, complete the information above for the worksite employer, complete the information below for the other business, and complete the remaining sections. If there is no other business or co-employer, or if the only other business is a recruiting service or a payroll processing service, skip the rest of this section, and complete the remaining sections.

Name of Other Business: Falcon Enterprises, Inc. dba Falcon Paymasters

This other business is a:

Professional Employer Organization (PEO) or Employee Leasing Company or a Temporary Services Agency

Other: Entertainment Payroll and Benefits Company \_\_\_\_\_

Physical Address of Main Office: 748 Hanley Industrial Court, St. Louis, MO 63144

Mailing Address: 748 Hanley Industrial Court, St. Louis, MO 63144

Telephone Number: 800-515-9896

**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): \_\_\_\_\_

**Employment agreement is** (check box):  Oral  Written

**Allowances**, if any, claimed as part of minimum wage (including meal or lodging allowances):

Regular Pay Day: Bi-Weekly on Thursday

**WORKERS' COMPENSATION**

Insurance Carrier's Name: Ullico Casualty Company \_\_\_\_\_

Address: (Administrator) 2200 Scott St., Lafayette, IN 47904 \_\_\_\_\_

Telephone Number: 765-269-8115 \_\_\_\_\_

Policy No.: WCS-113427-02 \_\_\_\_\_

Self-Insured (Labor Code 3700) and Certificate Number for Consent to Self-Insure: \_\_\_\_\_

**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 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 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](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 acknowledging receipt of this notice 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.