CALIFORNIA
Labor Laws

Minimum Wage

Department of Industrial Relations

Amends General Minimum Wage Order and IWC Industry and Occupation Orders
PLEASE POST NEXT TO YOUR IWC OR INDUSTRY OCCUPATION ORDER

OFFICIAL NOTICE

California Minimum Wage

MW-2023

Every employee, regardless of the number of employees, shall pay to each employee wages not less than the following:

Effective January 1, 2023 Minimum Wage $15.50 per hour

PREVIOUS YEARS

EFFECTIVE DATE	Employers with 25 or Fewer Employees*	Employers with 26 or More Employees*
January 1, 2022	$14.00	$15.00
January 1, 2021	$13.00	$14.00
January 1, 2020	$12.00	$13.00

*Employees treated as employed by a single qualified taxpayer pursuant to Revenue and Taxation Code section 23626 are treated as employees of that single taxpayer. To employers and representatives of persons working in industries and occupations in the State of California:

SUMMARY OF ACTIONS

TAKE NOTICE that on April 4, 2016, the Governor of California signed legislation passed by the California Legislature, raising the minimum wage for all industries. (SB 3, Stats of 2016, amending section 1182.12 of the California Labor Code.) Pursuant to its authority under Labor Code section 1182.13, the Department of Industrial Relations amends and republishes Sections 2, 3, and 5 of the General Minimum Wage Order, MW-2022, Section 1, Applicability, and Section 4, Separability, have been changed. Consistent with this enactment, amendments are made to the minimum wage, and the meals and lodging credits sections of all of the IWC's industry and occupation orders.

This summary must be made available to employees in accordance with the IWC's wage orders. Copies of the full text of the amended wage orders may be obtained by downloading online at https://www.dir.ca.gov/iwc/WageOrderIndustries.htm or by contacting your local Division of Labor Standards Enforcement office.

1. APPLICABILITY
The provisions of this Order shall not apply to outside salespersons and individuals who are the parent, spouse, or children of the employer previously contained in this Order and the IWC's industry and occupation orders. Exceptions and modifications provided by statute or in Section 1, Applicability, and in other sections of the IWC's industry and occupation orders may be used where any such provisions are enforceable and applicable to the employer.

2. MINIMUM WAGES
Every employer shall pay to each employee wages not less than those stated above, on each effective date, per hour for all hours worked.

3. MEALS AND LODGING CREDITS - TABLE
When credit for meals or lodging is used to meet part of the employer's minimum wage obligation, the amounts so credited pursuant to a voluntary written agreement may not be more than the following:

EFFECTIVE:	JANUARY 1, 2020	JANUARY 1, 2021		JANUARY 1, 2022		JANUARY 1, 2023
For an employer who employs:						All Employers regardless of number of Employees
LODGING	26 or More Employees	25 or Fewer Employees	26 or More Employees	25 or Fewer Employees	26 or More Employees	25 or Fewer Employees	
Room occupied alone	$61.13/ week	$56.43/ week	$65.83/ week	$61.13/ week	$70.53/ week	$65.83/ week	$72.88 /week
Room shared	$50.46/ week	$46.58/ week	$54.34/ week	$50.46/ week	$58.22/ week	$54.34/ week	$60.16 /week
Apartment — two thirds (2/3) of the ordinary rental value, and in no event more than:	$734.21/ month	$677.75/ month	$790.67/ month	$734.21/ month	$847.12/ month	$790.67/ month	$875.33 /month
Where a couple are both employed by the employer, two thirds (2/3) of the ordinary rental value, and in no event more than:	$1086.01/ month	$1002.56/ month	$1169.59/ month	$1086.01/ month	$1253.10/ month	$1169.59/ month	$1294.83 /month
MEALS							
Breakfast	$4.70	$4.34	$5.06	$4.70	$5.42	$5.06	$5.60
Lunch	$6.47	$5.97	$6.97	$6.47	$7.47	$6.97	$7.72
Dinner	$8.68	$8.01	$9.35	$8.68	$10.02	$9.35	$10.35

Meals or lodging may not be credited against the minimum wage without a voluntary written agreement between the employer and the employee. When credit for meals or lodging is used to meet part of the employer's minimum wage obligation, the amounts so credited may not be more than the amounts stated in the table above.

4. SEPARABILITY
If the application of any provision of this Order, or any section, subsection, subdivision, sentence, clause, phrase, word or portion of this Order should be held invalid, unconstitutional, unauthorized, or prohibited by statute, the remaining provisions thereof shall not be affected thereby, but shall continue to be given full force and effect as if the part so held invalid or unconstitutional had not been included herein.

5. AMENDED PROVISIONS
This Order amends the minimum wage and meals and lodging credits in MW-2022, as well as in the IWC's industry and occupation orders. (See Orders 1-15, Secs. 4 and 10; and Order 16, Secs. 4 and 9.) This Order makes no other changes to the IWC's industry and occupation orders.

These Amendments to the Wage Orders shall be in effect as of January 1, 2023.

Questions about enforcement should be directed to the Labor Commissioner's Office. For the address and telephone number of the office nearest you, information can be found on the internet at www.dir.ca.gov/DLSE/dlse.html or under a search for "California Labor Commissioner's Office" on the internet or any other directory. The Labor Commissioner has offices in the following cities: Bakersfield, El Centro, Fresno, Long Beach, Los Angeles, Oakland, Redding, Sacramento, Salinas, San Bernardino, San Diego, San Francisco, San Jose, Santa Ana, Santa Barbara, Santa Rosa, Stockton, and Van Nuys.

NOTICE: This state has its own minimum wage law. Employers are also required to display the federal Employee Rights Under the Fair Labor Standards Act posting, which indicates the federal minimum wage. Where federal and state rates both apply to an employee, the U.S. Department of Labor dictates that the employee is entitled to the higher minimum wage rate.

THIS NOTICE IS FOR INFORMATIONAL PURPOSES ONLY.

Pregnancy Rights

Civil Rights Department

YOUR RIGHTS AND OBLIGATIONS AS A PREGNANT EMPLOYEE

IF YOU ARE PREGNANT, HAVE A PREGNANCY-RELATED MEDICAL CONDITION, OR ARE RECOVERING FROM CHILDBIRTH, PLEASE READ THIS NOTICE.

YOUR EMPLOYER* HAS AN OBLIGATION TO

- Reasonably accommodate your medical needs related to pregnancy, childbirth, or related conditions (such as temporarily modifying your work duties, providing you with a stool or chair, or allowing more frequent breaks);
- Transfer you to a less strenuous or hazardous position (if one is available) or duties if medically needed because of your pregnancy;
- Provide you with pregnancy disability leave (PDL) of up to four months (the working days you normally would work in one-third of a year or 17 1/3 weeks) and return you to your same job when you are no longer disabled by your pregnancy or, in certain instances, to a comparable job. Taking PDL, however, does not protect you from non-leave employment actions, such as a layoff;
- Provide a reasonable amount of break time and use of a room or other location in close proximity to the employee's work area to express breast milk in private as set forth in the Labor Code; and
- Never discriminate, harass, or retaliate on the basis of pregnancy.

FOR PREGNANCY DISABILITY LEAVE

- PDL is not for an automatic period of time, but for the period of time that you are disabled by pregnancy, childbirth, or related medical condition. Your health care provider determines how much time you will need.
- Once your employer has been informed that you need to take PDL, your employer must guarantee in writing that you can return to work in your same or a comparable position if you request a written guarantee. Your employer may require you to submit written medical certification from your health care provider substantiating the need for your leave.
- PDL may include, but is not limited to, additional or more frequent breaks, time for prenatal or postnatal medical appointments, and doctor-ordered bed rest, and covers conditions such as severe morning sickness, gestational diabetes, pregnancy-induced hyper-tension, preeclampsia, recovery from childbirth or loss or end of pregnancy, and/or post-partum depression.
- PDL does not need to be taken all at once but can be taken on an as-needed basis as required by your health care provider, including intermittent leave or a reduced work schedule.
- Your leave will be paid or unpaid depending on your employer's policy for other medical leaves. You may also be eligible for state disability insurance or Paid Family Leave (PFL), administered by the California Employment Development Department.
- At your discretion, you can use any vacation or other paid time off during your PDL.
- Your employer may require or you may choose to use any available sick leave during your PDL.
- Your employer is required to continue your group health coverage during your PDL at the same level and under the same conditions that coverage would have been provided if you had continued in employment continuously for the duration of your leave.
- Taking PDL may impact certain of your benefits and your seniority date; please contact your employer for details.

NOTICE OBLIGATIONS AS AN EMPLOYEE

- Give your employer reasonable notice. To receive reasonable accommodation, obtain a transfer, or take PDL, you must give your employer sufficient notice for your employer to make appropriate plans. Sufficient notice means 30 days advance notice if the need for the reasonable accommodation, transfer, or PDL is foreseeable, or as soon as practicable if the need is an emergency or unforeseeable.
- Provide a written medical certification from your health care provider. Except in a medical emergency where there is no time to obtain it, your employer may require you to supply a written medical certification from your health care provider of the medical need for your reasonable accommodation, transfer or PDL. If the need is an emergency or unforeseeable, you must provide this certification within the time frame your employer requests, unless it is not practicable for you to do so under the circumstances despite your diligent, good faith efforts. Your employer must provide at least 15 calendar days for you to submit the certification. See if your employer has a copy of a medical certification form to give to your health care provider to complete.
- Please note that if you fail to give your employer reasonable advance notice or, if your employer requires it, written medical certification of your medical need, your employer may be justified in delaying your reasonable accommodation, transfer, or PDL.

ADDITIONAL LEAVE UNDER THE CALIFORNIA FAMILY RIGHTS ACT (CFRA)

Under the California Family Rights Act (CFRA), if you have more than 12 months of service with an employer, and have worked at least 1,250 hours in the 12 months period before the date you want to begin your leave, you may have a right to a family care or medical leave (CFRA leave). This leave may be up to 12 workweeks in a 12-month period for the birth, adoption, or foster care placement of your "child", or for your own serious health condition or that of your child, parent***, spouse, domestic partner, grandparent, grandchild, sibling, or someone else related by blood or in family-like relationship with the employee ("designated person"). Employers may pay their employees while taking CFRA leave, but employers are not required to do so, unless the employee is taking accrued paid time-off while on CFRA leave. Employees taking CFRA leave may be eligible for benefits administered by Employment Development Department.

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.

For translations of this guidance, visit: www.calcivilrights.ca.gov/posters/required

**Also, CFRA leave, and anti-discrimination protections apply to employers of 5 or more employees; anti-harassment protections apply to employers of 1 or more.*

*** "Child" means a biological, adopted, or foster child, a stepchild, a legal ward, or a child of an employee or the employee's domestic partner, or a person to whom the employee stands in loco parentis.*

**** "Parent" includes a biological, foster, or adoptive parent, a parent-in-law, a stepparent, a legal guardian, or other person who stood in loco parentis to the employee when the employee was a child.*

CRD-EMP-ENG

REV. 01/2023

Unemployment Ins.

Employment Development Department

NOTICE TO EMPLOYEES UNEMPLOYMENT INSURANCE BENEFITS

This employer is registered under the California Unemployment Insurance Code and is reporting wage credits to the Employment Development Department (EDD) that are being accumulated for you to be used as a basis for Unemployment Insurance benefits.

You may be eligible to receive Unemployment Insurance benefits if you are:

- Unemployed or working less than full-time,
  and
- Out of work due to no fault of your own and physically able to work, ready to accept work, and looking for work.

The fastest way to file for Unemployment Insurance (UI) is with UI Online at www.edd.ca.gov/UI_Online.

You may also file for Unemployment Insurance by calling toll-free from anywhere in the U.S. at:

English	1-800-300-5616	Mandarin	1-866-303-0706
Spanish	1-800-326-8937	Vietnamese	1-800-547-2058
Cantonese	1-800-547-3506	TTY	1-800-815-9387

Note: Waiting to file a claim could delay benefits.
EDD representatives are available Monday through Friday between 8 a.m. and 12 noon (Pacific Time).

Employees of Educational Institutions:

Unemployment Insurance benefits based on wages earned while employed by a public or nonprofit educational institution may not be paid during a school recess period if the employee has reasonable assurance of returning to work at the end of the recess period (California Unemployment Insurance Code section 1253.3). Benefits based on other covered employment may be payable during recess periods if the unemployed individual is in all other respects eligible, and the wages earned in other covered employment are sufficient to establish an Unemployment Insurance claim after excluding wages earned from a public or nonprofit educational institution(s).

Note: Some employers may be exempt from Unemployment and Disability Insurance coverage.

DE 1857B Rev. 19 (7-18) **(INTERNET)** CU

REV. 07/2018

Emergency

Department of Industrial Relations - CAL/OSHA

Emergency Contact Information

EMERGENCY

AMBULANCE: _____

FIRE – RESCUE: _____

HOSPITAL: _____

PHYSICIAN: _____

ALTERNATE: _____

POLICE: _____

CAL/OSHA: _____

Posting is required by Title 8 Section 1512 (e), California Code of Regulations

State of California
Department of Industrial Relations
Cal/OSHA Publications
DOSHPublications@dir.ca.gov

S-500

REV. 03/1990

Workers' Comp.

Department of Industrial Relations - Division of Workers' Compensation

Notice to Employees - Injuries Caused by Work

You may be entitled to workers' compensation benefits if you are injured or become ill because of your job. Workers' compensation covers most work-related physical or mental injuries and illnesses. An injury or illness can be caused by one event (such as hurting your back in a fall) or by repeated exposures (such as hurting your wrist from doing the same motion over and over).

Benefits. Workers' compensation benefits include:

- **Medical Care:** Doctor visits, hospital services, physical therapy, lab tests, x-rays, medicines, medical equipment and travel costs that are reasonably necessary to treat your injury. You should never see a bill. There are limits on chiropractic, physical therapy and occupational therapy visits.
- **Temporary Disability (TD) Benefits:** Payments if you lose wages while recovering. For most injuries, TD benefits may not be paid for more than 104 weeks within five years from the date of injury.
- **Permanent Disability (PD) Benefits:** Payments if you do not recover completely and your injury causes a permanent loss of physical or mental function that a doctor can measure.
- **Supplemental Job Displacement Benefit:** A nontransferable voucher, if you are injured on or after 1/1/2004, your injury causes permanent disability, and your employer does not offer you regular, modified, or alternative work.
- **Death Benefits:** Paid to your dependents if you die from a work-related injury or illness.

Naming Your Own Physician Before Injury or Illness (Predesignation). You may be able to choose the doctor who will treat you for a job injury or illness. If eligible, you must tell your employer, in writing, the name and address of your personal physician or medical group before you are injured. You must obtain their agreement to treat you for your work injury. For instructions, see the written information about workers' compensation that your employer is required to give to new employees.

If You Get Hurt:

1. **Get Medical Care.** If you need emergency care, call 911 for help immediately from the hospital, ambulance, fire department or police department. If you need first aid, contact your employer.
2. **Report Your Injury.** Report the injury immediately to your supervisor or to an employer representative. Don't delay. There are time limits. If you wait too long, you may lose your right to benefits. Your employer is required to provide you with a claim form within one working day after learning about your injury. Within one working day after you file a claim form, your employer or claims administrator must authorize the provision of all treatment, up to ten thousand dollars, consistent with the applicable treatment guidelines, for your alleged injury until the claim is accepted or rejected.
3. **See Your Primary Treating Physician (PTP).** This is the doctor with overall responsibility for treating your injury or illness.
   - If you predesignated your personal physician or a medical group, you may see your personal physician or the medical group after you are injured.
   - If your employer is using a medical provider network (MPN) or a health care organization (HCO), in most cases you will be treated within the MPN or HCO unless you predesignated a personal physician or medical group. An MPN is a group of physicians and health care providers who provide treatment to workers injured on the job. You should receive information from your employer if you are covered by an HCO or a MPN. Contact your employer for more information.
   - If your employer is not using an MPN or HCO, in most cases the claims administrator can choose the doctor who first treats you when you are injured, unless you predesignated a personal physician or medical group.
4. **Medical Provider Networks.** Your employer may be using an MPN, which is a group of health care providers designated to provide treatment to workers injured on the job.
   If you have predesignated a personal physician or medical group prior to your work injury, then you may go there to receive treatment from your predesignated doctor. If you are treating with a non-MPN doctor for an existing injury, you may be required to change to a doctor within the MPN. For more information, see the MPN contact information below:

MPN WEBSITE: _____

MPN EFFECTIVE DATE _____

MPN IDENTIFICATION NUMBER: _____

IF YOU NEED HELP LOCATING AN MPN PHYSICIAN, CALL YOUR MPN ACCESS ASSISTANT AT: _____

IF YOU HAVE QUESTIONS ABOUT THE MPN OR WANT TO FILE A COMPLAINT AGAINST THE MPN, CALL THE MPN CONTACT PERSON AT: _____

Discrimination. It is illegal for your employer to punish or fire you for having a work injury or illness, for filing a claim, or testifying in another person's workers' compensation case. If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

Questions? Learn more about workers' compensation by reading the information that your employer is required to give you at time of hire. If you have questions, see your employer or the claims administrator (who handles workers' compensation claims for your employer):

CLAIMS ADMINISTRATOR _____

PHONE _____

WORKERS' COMPENSATION INSURER _____
(Enter "self-insured" if appropriate)

You can also get free information from a State Division of Workers' Compensation Information Officer (DWC) & Assistance Officer. The nearest Information & Assistance Officer can be found at location:

or by calling toll-free **(800) 736-7401**. Learn more information about workers' compensation online: www.dwc.ca.gov and access a useful booklet "Workers' Compensation in California: A Guidebook for Injured Workers."

False claims and false denials. Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony and may be fined and imprisoned.

Your employer may not be liable for the payment of workers' compensation benefits for any injury that arises from your voluntary participation in any **off-duty, recreational, social, or athletic activity** that is not part of your work-related duties.

DWC 7

REV. 01/01/2016

Paid Sick Leave

Division of Labor Standards Enforcement, Office of the Labor Commissioner

THIS POSTER MUST BE DISPLAYED WHERE EMPLOYEES CAN EASILY READ IT

(Poster may be printed on 8 ½" x 11" letter size paper)

HEALTHY WORKPLACES/HEALTHY FAMILIES ACT OF 2014
PAID SICK LEAVE

Entitlement:

- An employee who, on or after July 1, 2015, works in California for 30 or more days within a year from the beginning of employment is entitled to paid sick leave.
- Paid sick leave accrues at the rate of one hour per every 30 hours worked, paid at the employee's regular wage rate. An accrual shall begin on the first day of employment or July 1, 2015, whichever is later.

Accrued paid sick leave shall carry over to the following year of employment and may be capped at 48 hours or 6 days. However, subject to specified conditions, if an employer has a paid sick leave, paid leave or paid time off policy (PTO) that provides no less than 24 hours or three days of paid leave or paid time off, no accrual or carry over is required if the full amount of leave is received at the beginning of each year in accordance with the policy.

Usage:

- An employee may use accrued paid sick days beginning on the 90th day of employment.
- An employer shall provide paid sick days upon the oral or written request of an employee for themselves or a family member for the diagnosis, care or treatment of an existing health condition or preventive care, or specified purposes for an employee who is a victim of domestic violence, sexual assault, or stalking.
- An employer may limit the use of paid sick days to 24 hours or three days in each year of employment.

Retaliation or discrimination against an employee who requests paid sick days or uses paid sick days or both is prohibited. An employee can file a complaint with the Labor Commissioner against an employer who retaliates or discriminates against the employee.

For additional information you may contact your employer or the local office of the Labor Commissioner. Locate the office by looking at the list of offices on our website http://www.dir.ca.gov/dlse/DistrictOffices.htm using the alphabetical listing of cities, locations, and communities. Staffis available in person and by telephone.

DLSE Paid Sick Leave Posting

REV. 11/2014

Leave

Civil Rights Department

FAMILY CARE & MEDICAL LEAVE & PREGNANCY DISABILITY LEAVE

Under California law, an employer may have the right to take job-protected leave to care for their own serious health condition or a family member with a serious health condition, or to bond with a new child (via birth, adoption, or foster care). California law also requires employers to provide job-protected leave and accommodations to employees who are disabled by pregnancy, childbirth, or a related medical condition.

Under the California Family Rights Act of 1993 (CFRA), many employees have the right to take job-protected leave, which is leave that will allow them to return to their job or a similar job after their leave ends. This leave may be up to 12 work weeks in a 12-month period for:

- the employee's own serious health condition;
- the serious health condition of a child, spouse, domestic partner, parent, parent-in-law, grandparent, grandchild, sibling, or someone else with a blood or family-like relationship with the employee ("designated person"); or
- the birth, adoption, or foster care placement of a child.

If an employee takes leave for their own or a family member's serious health condition, leave may be taken on an intermittent or reduced work schedule when medically necessary, among other circumstances.

Eligibility. To be eligible for CFRA leave, an employee must have more than 12 months of service with their employer, have worked at least 1,250 hours in the 12-month period before the date they want to begin their leave, and their employer must have five or more employees.

Pay and Benefits During Leave. While the law provides only unpaid leave, some employers pay their employees during CFRA leave. In addition, employees may choose (or employers may require use of accrued paid leave while taking CFRA leave under certain circumstances. Employees on CFRA leave may also be eligible for benefits administered by the Employment Development Department.

Taking CFRA leave may impact certain employee benefits and seniority date. If employees want more information regarding eligibility for a leave and/or the impact of the leave on seniority and benefits, they should contact their employer.

Pregnancy Disability Leave. Even if an employee is not eligible for CFRA leave, if disabled by pregnancy, childbirth or a related medical condition, the employee is entitled to take pregnancy disability leave of up to four months, depending on their period(s) of actual disability. If the employee is CFRA-eligible, they have certain rights to take both a pregnancy disability leave and a CFRA leave for reason of the birth of their child.

Reinstatement. Both CFRA leave and pregnancy disability leave contain a guarantee of reinstatement — for pregnancy disability it is to the same position and for CFRA it is to the same or a comparable position at the end of the leave, subject to any defense allowed under the law.

Notice. For foreseeable events (such as the expected birth of a child or a planned medical treatment for the employee or of a family member), the employee must provide, if possible, at least 30 days' advance notice to their employer that they will be taking leave. For events that are unforeseeable, employees should notify their employers, at least verbally, as soon as they learn of the need for the leave. Failure to comply with these notice rules is grounds for, and may result in, deferral of the requested leave until the employee complies with this notice policy.

Certification. Employers may require certification from an employee's health care provider before allowing leave for pregnancy disability or for the employee's own serious health condition. Employers may also require certification from the health care provider of the employee's family member, including a designated person, who has a serious health condition, before granting leave to take care of that family member.

Want to learn more?
Visit: calcivilrights.ca.gov/family-medical-pregnancy-leave/

If you have been subjected to discrimination, harassment, or retaliation at work, or have been improperly denied protected leave, file a complaint with the Civil Rights Department (CRD).

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.

For additional translations of this guidance, visit: www.calcivilrights.ca.gov/posters/required

CRD-100-21ENG

REV. 01/2023

UI, DI, PFL

Employment Development Department

Notice to Employees:

This employer is registered with the Employment Development Department (EDD) as required by the California Unemployment Insurance Code and is reporting wage credits to the EDD that are being accumulated for you to be used as a basis for:

UI - Unemployment Insurance
(funded entirely by employers' taxes)

Unemployment Insurance (UI) is paid for by your employer and provides partial income replacement when you are unemployed or your hours are reduced due to no fault of your own. To claim UI benefits, payments you must also meet all UI eligibility requirements, including that you must be available for work and searching for work.

How to File a New UI Claim

Use one of the following methods:

- **Online:** UI Online® is the fastest and most convenient way to file your UI claim. Visit UI Online (edd.ca.gov/UI_Online) to get started.
- **Phone:** Representatives are available at the following toll-free numbers, Monday through Friday between **8 a.m. to 12 noon** (Pacific Standard Time) except during state holidays.

English	**1-800-300-5616**	**Cantonese**	**1-800-547-3506**	**Vietnamese**	**1-800-547-2058**
Spanish	**1-800-326-8937**	**Mandarin**	**1-866-303-0706**	**TTY**	**1-800-815-9387**

- **Fax or Mail:** When accessing UI Online to file a new claim, some customers will be instructed to fax or mail their UI application to the EDD. If this occurs, the Employment Insurance Application (DE 1101I), will display. For faster and more secure processing, fax the completed form to the number listed on the form. If mailing your UI application, use the address on the form and allow additional time for processing.

Important: Waiting to file your UI claim may delay benefit payments.

DI - Disability Insurance
(funded entirely by employees' contributions)

Disability Insurance (DI) is funded by employees' contributions and provides partial wage replacement benefits to eligible Californians who are unable to work due to a non-work-related illness, injury, pregnancy, or disability.

Your employer must provide the *Disability Insurance Provisions* (DE 2515) brochure, to newly hired employees and to each employee who is unable to work due to a non-work-related illness, injury, pregnancy, or disability.

How to File a New DI Claim

Use one of the following methods:

- **Online:** SDI Online is the fastest and most convenient way to file your claim. Visit SDI Online (edd.ca.gov/SDI_Online) to get started.
- **Mail:** To file a claim with the EDD by mail, complete and submit a *Claim for Disability Insurance (DI) Benefits* (DE 2501) form. You can obtain a paper claim form from your employer, physician/practitioner, visiting a State Disability Insurance office, online at EDD Forms and Publications (edd.ca.gov/Forms), or by calling 1-800-480-3287.

Note: If your employer maintains an approved Voluntary Plan for DI coverage, contact your employer for assistance.

For more information about DI, visit State Disability Insurance (edd.ca.gov/disability) or call 1-800-480-3287.
State government employees should call 1-866-352-7675.
TTY (for deaf or hearing-impaired individuals only) is available at 1-800-563-2441.

PFL - Paid Family Leave
(funded entirely by employees' contributions)

Paid Family Leave (PFL) is funded by employees' contributions and provides partial wage replacement benefits to eligible Californians who need time off work to care for seriously ill child, parent, parent-in-law, grandparent, grandchild, sibling, spouse, or registered domestic partner. Benefits are available to parents who need time off work to bond with a new child entering the family by birth, adoption, or foster care placement. Benefits are also available for eligible Californians who need time off work to participate in a qualifying event resulting from a spouse, registered domestic partner, parent, or child's military deployment to a foreign country.

Your employer must provide the *Paid Family Leave* (DE 2511) brochure, to newly hired employees and to each employee who is taking time off work to care for a seriously ill family members, to bond with a new child, or to participate in a qualifying military event.

How to File a New PFL Claim

Use one of the following methods:

- **Online:** SDI Online is the fastest and most convenient way to file your claim. Visit SDI Online (edd.ca.gov/SDI_Online) to get started.
- **Mail:** To file a claim with the EDD by mail, complete and submit a *Claim for Paid Family Leave (PFL) Benefits* (DE 2501F) form. You can obtain a paper claim form from your employer, a physician/practitioner, visiting a State Disability Insurance office, online at EDD Forms and Publications (edd.ca.gov/Forms), or by calling 1-877-238-4373.

Note: If your employer maintains an approved Voluntary Plan for PFL coverage, contact your employer for assistance.

For more information about PFL, visit State Disability Insurance (edd.ca.gov/disability) or call 1-877-238-4373.
State government employees should call 1-877-945-4747.
TTY (for deaf or hearing-impaired individuals only) is available at 1-800-445-1312.

Note: Some employers may be exempt from coverage by the above insurance programs. It is illegal to make a false statement or to withhold facts to claim benefits. For additional information, visit the EDD (edd.ca.gov).

DE 1857A Rev. 44 (12-20) **(INTERNET)**

REV. 12/2020

Payday

Department of Industrial Relations - Division of Labor Standards Enforcement

Payday Notice

REGULAR PAYDAYS FOR EMPLOYEES OF _____
(FIRM NAME)

SHALL BE AS FOLLOWS: _____

THIS IS IN ACCORDANCE WITH SECTIONS 204, 204A, 204B, 205, AND 205.5 OF THE CALIFORNIA LABOR CODE

BY _____

TITLE _____

PLEASE POST

DLSE 8

REV. 06/2002

Department of Industrial Relations - CAL/OSHA

SAFETY AND HEALTH PROTECTION ON THE JOB

California law provides workplace safety and health protections for workers through regulations enforced by the Division of Occupational Safety and Health (Cal/OSHA). This poster explains some basic requirements and procedures to comply with the state's workplace safety and health standards and orders. The law requires that this poster be displayed. Failure to do so could result in a substantial penalty. Cal/OSHA standards can be found at www.dir.ca.gov/samples/search/query.htm.

WHAT AN EMPLOYER MUST DO:

All employers must provide work and workplaces that are safe and healthful. In other words, as an employer, you must follow state laws governing job safety and health. Failure to do so can result in a threat to the life or health of workers, and substantial monetary penalties.

You must display this poster in a conspicuous place where notices to employees are customarily posted so everyone on the job can be aware of basic rights and responsibilities.

You must have a written and effective Injury and Illness Prevention Program (IIPP) meeting the requirements of California Code of Regulations, title 8, section 3203 (www.dir.ca.gov/title8/3203.html) and provide access to employees and their designated representatives.

You must be aware of hazards your employees face on the job and keep records showing that each employee has been trained in the hazards unique to each job assignment.

You must correct any hazardous condition that you know may result in injury to employees. Failure to do so could result in criminal charges, monetary penalties, and even incarceration.

You must notify a local Cal/OSHA district office of any serious injury or illness, or death, occurring on the job. Be sure to do this immediately after calling for emergency help to assist the injured employee. Failure to report a serious injury or illness, or death, within 8 hours can result in a minimum civil penalty of $5,000.

WHAT AN EMPLOYER MUST NEVER DO:

Never permit an employee to do work that violates Cal/OSHA workplace safety and health regulations.

Never permit an employee to be exposed to harmful substances without providing adequate protection.

Never allow an untrained employee to perform hazardous work.

EMPLOYEES HAVE CERTAIN WORKPLACE SAFETY & HEALTH RIGHTS:

As an employee, you (or someone acting for you) have the right to file a confidential complaint and request an inspection of your workplace if you believe conditions there are unsafe or unhealthful. This is done by contacting the local Cal/OSHA district office (see below). Your name is not revealed by Cal/OSHA, unless you request otherwise.

You also have the right to bring unsafe or unhealthful conditions to the attention of the Cal/OSHA investigator inspecting your workplace.

You and your designated representative have the right to access the employer's IIPP. Any employee has the right to have their name withheld that would violate an occupational safety or health standard or order where such violation would create a real and apparent hazard to the employee or other employees.

You may not be fired or punished in any way for filing a complaint about unsafe or unhealthful working conditions, or for otherwise exercising your rights to a safe and healthful workplace. If you feel that you have been fired or punished for exercising your rights, you may file a complaint about this type of discrimination by contacting the nearest office of the California Department of Industrial Relations, Division of Labor Standards Enforcement (Labor Commissioner's Office) or the San Francisco office of the U.S. Department of Labor, Occupational Safety and Health Administration. (Employees of state or local government agencies may only file these complaints with the California Labor Commissioner's Office.) Consult your local telephone directory for the office nearest you.

EMPLOYEES ALSO HAVE RESPONSIBILITIES:

To keep the workplace and your coworkers safe, you should tell your employer about any hazard that could result in an injury or illness to an employee. While working, you must always obey state workplace safety and health laws.

SPECIAL RULES APPLY FOR WORK AROUND HAZARDOUS SUBSTANCES:

Employers who use any substance that is listed as a hazardous substance in California Code of Regulations, title 8, section 339 (www.dir.ca.gov/title8/339.html), or is covered by the Hazard Communication standard (www.dir.ca.gov/title8/5194.html) must provide employees information on the hazardous chemicals in their work areas, access to safety data sheets, and training on how to use hazardous chemicals safely.

Employers shall make available on a timely and reasonable basis a safety data sheet on each hazardous substance in the workplace upon request of an employee, an employee's collective bargaining representative, or an employee's physician.

Employees have the right to see and copy their medical records and records of exposure to potentially toxic materials or harmful physical agents.

Employers must allow access by employees or their representatives to accurate records of employee exposures to potentially toxic materials or harmful physical agents, and notify employees of any exposures in concentration or levels exceeding the exposure limits allowed by Cal/OSHA standards.

Any employee or their representative has the right to observe monitoring or measuring of employee exposure to hazards conducted to comply with Cal/OSHA regulations.

WHEN CAL/OSHA COMES TO THE WORKPLACE:

A trained Cal/OSHA safety engineer or industrial hygienist may visit the workplace to make sure your company is obeying workplace safety and health laws.

Inspections are also conducted when an employee files a valid complaint with Cal/OSHA.

Cal/OSHA also goes on-site to the workplace to investigate a serious injury or illness, or fatality.

When an inspection begins, the Cal/OSHA investigator will show official identification.

The employer, or someone the employer chooses, will be given an opportunity to accompany the investigator during the inspection. An authorized representative of the employees will be given the same opportunity.

Where there is no authorized employee representative, the investigator will talk to a reasonable number of employees about safety and health conditions at the workplace.

VIOLATIONS, CITATIONS, AND PENALTIES:

If the investigation shows that the employer has violated a safety and health standard or order, Cal/OSHA may issue a citation. Each citation carries a monetary penalty and specifies a date by which the violation must be abated. A notice, which carries no monetary penalty, may be issued in lieu of a citation for certain non-serious violations.

Penalty amounts depend in part on the classification of the violation as regulatory, general, serious, repeat, or willful; and whether the employer failed to abate a previous violation involving the same hazardous condition. Base penalty amounts, penalty adjustment factors, and minimum and maximum penalty amounts are set forth in California Code of Regulations, title 8, section 336 (www.dir.ca.gov/title8/336.html). In addition, a willful violation that causes death or permanent impairment of the body of any employee can result, upon conviction, in a fine of up to $250,000 or imprisonment up to three years, or both, and if the employer is a corporation or limited liability company, the fine may be up to $1.5 million.

The law provides that employers may appeal citations within 15 working days of receipt to the Occupational Safety and Health Appeals Board.

An employer who receives a citation, Order to Take Special Action, or Special Order must post it prominently at or near the place of the violation for three working days, or until the unsafe condition is corrected, whichever is longer, to warn employees of danger that may exist there. Any employee may protest the time allowed for correction of the violation to the Division of Occupational Safety and Health or the Occupational Safety and Health Appeals Board.

HELP IS AVAILABLE:

To learn more about workplace safety rules, you may contact Cal/OSHA Consultation Services for free information, required forms, and publications. You can also contact a local district office of Cal/OSHA. If you prefer, you may retain a competent private consultant, or an employer's safety association insurance carrier for guidance in obtaining information.

Call the FREE Worker Information Helpline – (833) 579-0927

DIVISION OF OCCUPATIONAL SAFETY AND HEALTH (CAL/OSHA)
HEADQUARTERS: 1515 Clay Street, Ste. 1901, Oakland, CA 94612 – Telephone (510) 286-7000

District Offices

American Canyon	3419 Broadway St., Ste. H8, American Canyon 94503	(707) 649-3700
Bakersfield	7718 Meany Ave., Bakersfield 93308	(661) 588-6400
Foster City	1065 East Hillsdale Blvd., Ste. 110, Foster City 94404	(650) 573-3812
Fremont	39141 Civic Center Dr., Ste. 310, Fremont 94538	(510) 794-2521
Fresno	2550 Mariposa St., Rm. 4000, Fresno 93721	(559) 445-5302
Long Beach	1500 Hughes Way, Suite C-201, Long Beach 90810	(424) 450-2630
Los Angeles	320 West Fourth St., Rm. 820, Los Angeles 90013	(213) 576-7451
Modesto	4206 Technology Dr., Ste. 3, Modesto 95356	(209) 545-7310
Monrovia	800 Royal Oaks Dr., Ste. 105, Monrovia 91016	(626) 239-0369
Oakland	1515 Clay St., Ste. 1303, Box 41, Oakland 94612	(510) 622-2916
Redding	381 Hemsted Dr., Redding 96002	(530) 224-4743
Sacramento	1750 Howe Ave., Ste. 430, Sacramento 95825	(916) 263-2800
San Bernardino	464 West Fourth St., Ste. 332, San Bernardino 92401	(909) 383-4321
San Diego	7575 Metropolitan Dr., Ste. 207, San Diego 92108	(619) 767-2280
San Francisco	455 Golden Gate Ave., Rm. 9516, San Francisco 94102	(415) 557-0100
Santa Ana	2 MacArthur Place, Ste. 720, Santa Ana 92707	(714) 558-4451
Van Nuys	6150 Van Nuys Blvd