

**NOTICE TO EMPLOYEE***Labor Code section 2810.5***EMPLOYEE**Employee Name: Gary HarringtonStart Date: 11/1/2022**EMPLOYER**Legal Name of Hiring Employer: Chula Vista FordIs hiring employer a staffing agency/business (e.g., Temporary Services Agency, Employee Leasing Company; or Professional Employer Organization [PEO])? ☐ Yes ☐ NoOther Names Hiring Employer is "doing business as" (if applicable):  
\_\_\_\_\_

Physical Address of Hiring Employer's Main Office:

Chula Vista, CA 91911Hiring Employer's Mailing Address (if different than above):  
\_\_\_\_\_Hiring Employer's Telephone Number: 8447425525

If the hiring employer is a staffing agency/business (above box checked "Yes"), the following is the other entity for whom this employee will perform work:

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

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

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**WAGE INFORMATION**Rate(s) of Pay: 15 Overtime Rate(s) of Pay: \_\_\_\_\_Rate by (check box): ☒ Hour ☐ Shift ☐ Day ☐ Week ☐ Salary ☐ Piece rate ☐ Commission☒ Other (provide specifics): see pay planDoes a written agreement exist providing the rate(s) of pay? (check box) ☐ Yes ☐ NoIf yes, are all rate(s) of pay and bases thereof contained in that written agreement? ☐ Yes ☐ NoAllowances, if any, claimed as part of minimum wage (including meal or lodging allowances):  
\_\_\_\_\_

(If the employee has signed the acknowledgment of receipt below, it 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.)

Regular Payday: 10th & 25th

## WORKERS' COMPENSATION

Insurance Carrier's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Policy No.: \_\_\_\_\_

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

## PAID SICK LEAVE

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*)

- ☐ 1. 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.
- ☐ 2. Accrues paid sick leave pursuant to the employer's policy which satisfies or exceeds the accrual, carryover, and use requirements of Labor Code §246.
- ☐ 3. Employer provides no less than 24 hours (or 3 days) of paid sick leave at the beginning of each 12-month period.
- ☐ 4. The employee is exempt from paid sick leave protection by Labor Code §245.5. (State exemption and specific subsection for exemption): \_\_\_\_\_

## ACKNOWLEDGEMENT OF RECEIPT

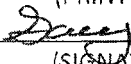
(Optional)

\_\_\_\_\_  
(PRINT NAME of Employer representative)

Gary Harrington

\_\_\_\_\_  
(PRINT NAME of Employee)

\_\_\_\_\_  
(SIGNATURE of Employer Representative)

  
(SIGNATURE of Employee)

\_\_\_\_\_  
(Date)

11/1/2022  
(Date)

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

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.

# CV Ford Express Lube Techs

## Addendum "A"

Technician Proficiency Bonus Established Flag Rate \$15.00

Employee can receive an hourly Base Rate, based on established flag rate up to 100% as follows:

0-50% proficient employee will Earn Minimum/Standard Base rate per hour. \$15.00

51-60% proficient employee will Earn Minimum/Standard Base rate per hour. \$16.00

61-74% proficient employee will Earn Minimum/Standard Base rate per hour. \$17.00

75-100% proficient employee will Earn Minimum/Standard Base rate per hour. \$18.00

101 plus% proficient employee will Earn \$1.00 per flag Hour.

### example

you take the flag hour and divide it by the clock hour and that will give the proficiency percentage

tech flagged 76.10 hours and clocked 77.65 hours on timecard ( $76.10 \div 77.65 = 98\%$ )

CV Ford Express Tech minimum Proficiency standard is 75% this will be the average on a rolling 3 cycle pay period. If employee does not meet the minimum of 75% proficiency Could lead to disciplinary action and or termination.

EMPLOYEE PRINT NAME Gary Harrington  
EMPLOYEE SIGNATURE Gary Harrington  
DATE 11/1/22  
MANAGER [Signature] PAUL CAUDILLO