



As a Company, we must work together to create a pleasant and desirable environment for all our Team Members and Guests. Please remember that the rules we have exist to protect your rights and the rights of others, and the interests and safety of all Team Members and Guests. We expect our Team Members to follow these rules of conduct in order to promote a positive and productive workplace environment and provide our Guests with amazing and remarkable experiences.

It is not possible to list all the forms of behavior that are considered unacceptable in the workplace, but those listed below are examples of conduct that may result in disciplinary action, up to and including termination of employment. This Code of Conduct is meant to provide our Team Members with a quick reference of the policies and procedures outlined in the Mission Yogurt, Inc. Team Member Handbook. For a full explanation of any of the following rules of conduct, please reference your Team Member Handbook.

GROSS MISCONDUCT

The Company considered the following violations Gross Misconduct, and due to their severity, the employee may be subject to dismissal.

1. Discrimination or harassment against a guest or fellow employee because of race, color, creed, sex, national origin, or handicap.
2. Falsifying company records or information.
3. Gossiping/harmful rumors which may cause embarrassment, humiliation or is considered slanderous to a person's reputation.
4. Falsely "clocking in" or "out" on the time system or allowing another employee to clock you "in" or "out."
5. Not reporting to work as scheduled and failing to notify the Manager on duty prior to your shift.
6. Theft or Dishonesty.
7. Walking off the job or job abandonment (no call/unexcused absence).
8. Fighting, intimidating, or threatening customers or co-workers.
9. Immoral and/or illegal conduct on the job.
10. Use, possession, solicitation or distribution of illegal drugs, drug paraphernalia or alcoholic beverages on Company property.
11. Coming to work or working under the influence of an illegal drug, alcoholic beverage or in an intoxicated condition.
12. Arrest and conviction of a felony offense.
13. Disclosing or careless handling of confidential Company information and/or client's assets.
14. Possession of firearms, knives, or other weapons on Company property.
15. Reporting absent in order to work another job or giving false reason for absence.
16. Removal of Company property from the premises without prior authorization.
17. Deliberately abusing, damaging, or defacing Company property.
18. Refusal to follow instructions.
19. Not qualified for current position within the orientation period.
20. Inability to perform job duties.
21. Unexcused absence.
22. Delivering of food and/or drinks to guests without ringing in the order prior to delivery or immediately after delivery.
23. Work Authorization invalid (I-9).
24. Excessive warnings-written (three infractions in six months).
25. Using another employee or manager code on the register to make an un-authorized transaction.
26. Profanity or unprofessional language or complaining in earshot of guests including discussion of gratuity.
27. Falsifying accident reports or workman's compensation claims.

OTHER OFFENSES

These violations are considered cause for a corrective interview, whereby the employee will receive a form of written, verbal or suspension notice to correct such conduct. The Company will consider severity and frequency before dismissal.

1. Excessive unexcused tardiness (more than three times in two months).
2. Failure to meet job description requirements and deadlines.
3. Failure to report defective equipment or safety hazards.
4. Parking in unauthorized areas.
5. Failure to meet the Company dress code policies and/or personal appearance/hygiene standards.
6. Use of unauthorized store exits and entrances.
7. Causing bodily injury to another employee or yourself, resulting in lost time, due to a violation of Company safety rule or normal safety procedures.
8. Failure to report an injury or accident immediately.
9. Loafing.
10. Sleeping on the job.
11. Excessive unexcused absenteeism (more than three times in two months).
12. Violations of Company policies and procedures as outlined in the Team Member Handbook or by note or memo.
13. Smoking or eating while on the clock without Management's permission.
14. Using a cell phone or Company phone while on shift.
15. Leaving the property while clocked in for a shift without Management's permission.
16. Walking into "Employee Only" areas while not scheduled or after clocking out.
17. Removal or altering Company notes or schedules or altering of aforementioned.
18. Violation of the Company social media policy.

THEFT

Theft in any form will not be tolerated.

RUDE & OFFENSIVE BEHAVIOR

We expect all our Team Members to treat guests and fellow Team Members with courtesy and respect. We can justifiably expect the same in return. However, if a situation occurs whereby you are having a problem with a disorderly or rude guest, report it at once to a Manager. Similarly, if you are having a problem with rudeness or discourtesy from another Team Member, immediately walk away from any possible confrontation and find a Manager.

DRUGS AND ALCOHOL

Drinking any alcoholic beverage while on duty is forbidden, and along with reporting for work intoxicated, will result in your immediate dismissal. You should also not drink any beverage, alcoholic or not, while in view of the guest. In addition, the use of drugs, in any form, are forbidden in the workplace. Reporting for work under the influence of drugs or alcohol will result in dismissal and possible prosecution.

TARDINESS

It is the responsibility of the employee to be at work according to his/her assigned work schedule. If you find you are going to be late for your scheduled shift, you must immediately take the time to call the Manager on Duty. However, this will not automatically excuse your tardiness.



Acknowledgement of Employee Responsibilities
in the Event of an On-the-Job Injury

If I am injured on the job, I understand the following:

1. Notify my General Manager/Shift Manager immediately if possible but no later than 24 hours after the accident. If your injury or illness developed gradually, report it as soon as you learn or believe it was caused by your job. Reporting promptly helps avoid problems and delays in receiving benefits, including medical care. If you don't report your injury within 30 days, you could lose your right to receive workers' compensation benefits.
2. Give my General Manager/Shift Manager a complete written statement outlining the following:
 - The date of the accident
 - The time of the accident
 - A description of the accident; and
 - The names, addresses and phone numbers, if known, of any witnesses to the accident.

I understand that failure to do so may result in denial of my claim. I understand that falsification or misrepresentation of a workplace injury in order to collect benefits to which I am not entitled will result in my immediate termination with the Company.

I understand that in the event of a life threatening or limb threatening emergency, I will be sent to the nearest medical facility. However, follow-up care must be provided by one of the treating physicians in the MPN Network.

I have read and understand and hereby agree to abide by my responsibilities in the event of a work-related injury or illness.



ACKNOWLEDGMENT OF REVIEW OF THE DRUG AND ALCOHOL TESTING POLICY

I acknowledge that I have reviewed the Company's Drug and Alcohol Testing Policy and understand its contents. I understand that I have access to review this policy on the Company's website at any time. I also understand that the Company may modify or rescind any policy at any time without prior notice.

I acknowledge that Employees of the Company and applicants for employment with the Company are subject to drug and alcohol testing as a condition of employment and continued employment. Drug and alcohol testing may be administered whenever the Company determines that such testing is appropriate, although such testing will most commonly be administered in the following circumstances:

1. **Pre-Employment Testing.** Applicants for employment are subject to drug and alcohol testing in connection with their application process.
2. **Post-Accident Testing.** All employees of the Company are subject to drug and alcohol testing whenever they have been involved in a work-related accident or incident that resulted in personal injury or property damage. Any employee who fails to report such an accident or incident immediately to the Company will be subject to disciplinary action, up to and including immediate termination of employment.
3. **Reasonable Suspicion Testing.** All employees of the Company are subject to drug and alcohol testing whenever reasonable suspicion exists.
4. **Random Testing.** All employees of the Company are subject to random testing. Details of the random selection process, such as the frequency of such testing, the method by which names are chosen, and the number of employees to be tested, shall be determined by the Company.

I acknowledge that I have been instructed to read the Drug and Alcohol Policy and that I am expected to comply with this policy as a condition of employment.

I acknowledge that the Drug and Alcohol Policy does not alter my status as an "at will" employee.



FOOTWEAR POLICY

Due to the nature of our work, slips, trips and falls are a major concern and can cause severe injury. In order to minimize the risk of an injury we want to re-address the Team Member Handbook footwear policy for the benefit of Team Member Safety.

GUIDELINES

All Team Members' shoes shall be identified by the manufacturer as "slip-resistant"

- Random sole patterns and patterns perpendicular to the direction of travel are most slip resistant.
- Shoes with too much grip or tacky surfaces will impede forward-travel and are not recommended.

RESPONSIBILITIES

Team Member:

- Wear the proper footwear as part of your daily uniform
- Inspect your shoes daily for cleanliness, presence of liquid or solid contaminants wedged in the treads, and wear and tear.

This policy has been established to minimize injury and promote a safe workplace. Your participation is essential to the success of our safety program and is also a condition of employment. If you have any questions, please contact your supervisor for assistance.

I have read and understand the established footwear policy. I also understand that failure to comply will result in appropriate disciplinary procedures.



CALIFORNIA FAMILY RIGHTS ACT

COMPLAINTS MUST BE FILED WITHIN ONE
YEAR OF THE LAST ACT OF DISCRIMINATION

FILING A COMPLAINT

THE MISSION OF THE DEPARTMENT OF FAIR
EMPLOYMENT AND HOUSING IS TO PROTECT
THE PEOPLE OF CALIFORNIA FROM UNLAWFUL
DISCRIMINATION IN EMPLOYMENT, HOUSING AND
PUBLIC ACCOMMODATIONS, AND FROM THE
PERPETRATION OF ACTS OF HATE VIOLENCE AND
HUMAN TRAFFICKING.

If you believe your CFRA rights have been violated,
you may, within one year of the discrimination, file a
complaint of discrimination with the DFEH by following
these steps:

- 1 *Contact DFEH by using the information on the
back of this brochure*
- 2 *Be prepared to present specific facts about the
alleged discrimination or denial of leave*
- 3 *Keep records and provide copies of documents
that support the charges in the complaint, such
as paycheck stubs, calendars, correspondence
(such as doctors' letters provided to the
employer, emails, voicemail, etc.), and other
potential proof of discrimination*

DFEH will conduct an impartial investigation.
We represent the State of California. DFEH will,
if possible, try to assist both parties to resolve
the complaint.

If a voluntary settlement cannot be reached, and
there is sufficient evidence to establish a violation
of the law, DFEH may litigate the case in civil court.
If a court decides in favor of the complaining party,
remedies may include reinstatement, back pay,
reasonable attorney's fees, costs, damages for
emotional distress, and punitive damages.

FOR MORE INFORMATION

Department of Fair Employment and Housing
Toll Free: (800) 884-1684
TTY: (800) 700-2320
Online: www.dfeh.ca.gov

Also find us on:



If you have a disability that prevents you from
submitting a written pre-complaint form on-line, by
mail, or email, the DFEH can assist you by scribing your
pre-complaint by phone or, for individuals who are Deaf
or Hard of Hearing or have speech disabilities, through
the California Relay Service (711), or call us through
your VRS at (800) 884-1684 (voice).

To schedule an appointment, contact
the Communication Center at
(800) 884-1684 (voice or via relay operator 711)
or (800) 700-2320 (TTY)
or by email at contact.center@dfeh.ca.gov.

*The DFEH is committed to providing access to our materials in
an alternative format as a reasonable accommodation
for people with disabilities when requested.*

*Contact the DFEH at (800) 884-1684 (voice or via
relay operator 711), TTY (800) 700-2320, or
contact.center@dfeh.ca.gov to discuss your preferred
format to access our materials or webpages.*

The Fair Employment and Housing Act (FEHA),
enforced by the Department of Fair Employment
and Housing (DFEH), contains family care and
medical leave provisions for California employees.
These leave provisions are known as the California
Family Rights Act (CFRA). CFRA covers employers
who do business in California and have 50 or
more part-time or full-time employees.

Under CFRA, if you have more than 12 months of
service with your employer, and have worked at
least 1,250 hours in the 12-month period before
the date you want to begin your leave, you may
have a right to family care or medical 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, or registered domestic partner.

All employers covered by CFRA must provide
information about CFRA to their employees and
post this information in a conspicuous place where
employees tend to gather. A poster that meets
this requirement is available on DFEH's
"Resources" page online (www.dfeh.ca.gov).

EMPLOYERS WHO PROVIDE EMPLOYEE
HANDBOOKS MUST INCLUDE
INFORMATION ABOUT CFRA LEAVE IN
THE HANDBOOK



CFRA LEAVE REQUIREMENTS:

- To be eligible for CFRA leave, an employee must have more than 12 months of service with the employer and have worked at least 1,250 hours for that employer in the 12-month period before the leave begins.
- An eligible employee may take an unpaid leave to bond with an adopted or foster child or to bond with a newborn.
- An eligible employee may take unpaid leave to care for a parent, registered domestic partner, or child with a serious health condition. CFRA leave may also be taken for the employee's own serious health condition.
- Full-time employees may take leave of up to 12 work weeks in a 12-month period. Part-time employees may take leave on a proportional basis. The leave does not need to be taken in one continuous period of time.
- An employer may require a 30-day advance notice of the need for a CFRA-qualifying leave. When this is not possible due to the unexpected nature of the qualifying event, notice should be given as soon as practicable. Notice can be written or verbal and should include the timing and the anticipated duration of the leave, but an employer may not require disclosure of an underlying diagnosis. An employer must respond to a leave request within 5 business days.
- The employer may require written communication from the health-care provider of the child, parent, registered domestic partner, or employee with a serious health condition stating the reasons

for the leave and the probable duration of the condition. However, the health care provider may not disclose the underlying diagnosis without the consent of the patient.

- In addition to the family care and medical leave requirements of the CFRA, employers of five or more persons have additional obligations pertaining to pregnancy disability leave (PDL). Please refer to the DFEH publication "Pregnancy Leave" for more information.
- Employees are entitled to take CFRA leave in addition to any leave entitlement they might have under PDL. Leave taken for the birth or adoption of a child must be completed within one year of the event.

SALARY AND BENEFITS DURING CFRA LEAVE

Employers are not required to pay employees during a CFRA leave. An employer may require an employee to use accrued vacation time or other accumulated paid leave other than sick time. If the CFRA leave is for the employee's own serious health condition, the use of sick time can be required.

If the employer provides health benefits under a group plan, the employer must continue to make these benefits available during the leave. Similarly, the employee is entitled to continue accruing seniority and participate in other benefit plans.

RETURN RIGHTS AFTER CFRA LEAVE:

- 1 After CFRA leave, employees are guaranteed a return to the same or comparable position and can request the guarantee in writing.
- 2 If the same position is no longer available, such as in a layoff or closure, the employer must offer a position that is comparable in terms of pay, benefits, shift, schedule, geographic location, and working conditions, including privileges, perquisites, and status, unless the employer can prove that no comparable position exists. An employee is not entitled to reinstatement if the employee would have been otherwise laid off or terminated.

FAMILY TEMPORARY DISABILITY INSURANCE (FTDI) OR "PAID FAMILY LEAVE"

Employees on CFRA leave of absence may also be eligible for six weeks of paid leave under FTDI, a program administered by the California Employment Development Department (EDD). For further information, contact the EDD at (800) 480-3287 or visit EDD's website at www.edd.ca.gov.



About California Paid Family Leave

For many working Californians, finding time to be with a loved one when they need it most can be difficult. California's Paid Family Leave program was created for those moments that matter – when you are bonding with a new child or caring for a seriously ill family member.

Fast Facts About California Paid Family Leave

- Provides up to six weeks of partial wage replacement benefits to bond with a new child (either by birth, adoption, or foster care placement) or to care for a seriously ill family member (child, parent, parent-in-law, grandparent, grandchild, sibling, spouse, or registered domestic partner).
- Doesn't have to be taken all at once.
- Provides approximately 60 to 70 percent of your salary during your leave.
- Funded through your State Disability Insurance tax withholding, so you are most likely eligible if you've paid into State Disability Insurance (noted as "CASDI" on paystubs) or a qualifying voluntary plan in the past 5 to 18 months.
- To bond with a new child, leave can be taken anytime within the first 12 months of a child entering your family.

CALIFORNIA PAID FAMILY LEAVE

moments matter.

In California, it's the law.

Paid Family Leave benefits:
Giving Californians the time they need
to be there for the moments that matter.

English	1-877-238-4373
Spanish	1-877-379-3819
Cantonese	1-866-692-5595
Vietnamese	1-866-692-5596
Armenian	1-866-627-1567
Punjabi	1-866-627-1568
Tagalog	1-866-627-1569
TTY	1-800-445-1312

Individuals can also visit a Paid Family Leave or Disability Insurance office to obtain claim forms, receive information, or speak to a representative. Visit edd.ca.gov/Disability/Contact_SDI.htm to locate an office.



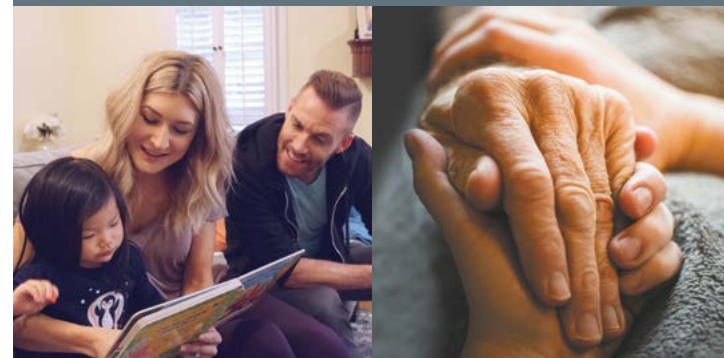
For more information, visit:
CaliforniaPaidFamilyLeave.com

The EDD is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Requests for services, aids, and/or alternate formats need to be made by calling 1-866-490-8879 (voice). TTY users, please call the California Relay Service at 711.



CALIFORNIA PAID FAMILY LEAVE

Helping Californians be present for the moments that matter.



Do I Qualify For California Paid Family Leave?

To qualify for Paid Family Leave benefits, **you must meet** the following requirements:

- Need to take time off from work to care for a seriously ill family member or to bond with a new child.
- Be covered by State Disability Insurance (or a voluntary plan in lieu of State Disability Insurance).
- Have earned at least \$300 in the past 5 to 18 months.
- Submit your claim no later than 41 days after you begin your family leave. Do not file before your first day of leave.

If required by your employer, you must use up to two weeks of unused vacation leave or paid time off. Check with your human resources department to confirm your employer's requirements.

How Are Benefit Amounts Calculated?

California Paid Family Leave provides approximately 60 to 70 percent of your weekly salary (from \$50 up to \$1,252 weekly).

The benefit amount is calculated from your highest quarterly earnings over the past 5 to 18 months, before the start of your claim. The Employment Development Department (EDD) has an online calculator at edd.ca.gov/PFL_Calculator that can help you estimate your weekly benefit amount.

If you are found eligible to receive benefits, you have an option on how you receive your benefit payments: by the EDD Debit CardSM through Bank of America or by check, mailed from the EDD.



Does Paid Family Leave Provide Job Protection?

California Paid Family Leave does not provide job protection or a right to return to work. However, job protection may be provided under other laws such as the federal Family and Medical Leave Act, the California Family Rights Act, or the New Parent Leave Act (if you qualify). Notify your employer of your plan to take leave and the reason for taking leave according to your company's policy.

How Do I Apply For Benefits?

Apply for Paid Family Leave benefits using SDI Online. Visit edd.ca.gov/SDI_Online for more information.

You may also apply using a paper form. Visit edd.ca.gov/Forms to request a *Claim for Paid Family Leave (PFL) Benefits*, DE 2501F form.

For caregiving claims, you must supply medical certification showing that the care recipient has a serious health condition and requires your care. This needs to be completed by the care recipient's physician/practitioner. Information about the care recipient and their signature are also required.

For bonding claims, you must provide documentation showing proof of relationship between you and the child (e.g., a copy of the child's birth certificate, adoptive placement agreement, or foster care placement record).

If you are currently receiving pregnancy-related Disability Insurance benefits, it is not necessary to request a Paid Family Leave claim form. The form to file for bonding will be sent through your SDI Online account or via mail when your pregnancy-related disability claim ends.

If you are covered by a voluntary plan, contact your employer for information about your coverage and instructions on how to apply for benefits.

If your claim is denied, you are entitled to:

- Know the reason for denial.
- Appeal decisions about your eligibility for benefits. Visit edd.ca.gov/Disability/Appeals.htm for information about appeals.

All claim information is confidential except for purposes allowed by law.

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DI Office Locations and Mailing Addresses

- Chico 645 Salem Street
(PO Box 8190, Chico, CA 95927-8190)
- Chino Hills ... 15315 Fairfield Ranch Road, Ste. 100
(PO Box 60006, City of Industry, CA 91716-0006)
- Fresno 2555 S. Elm Avenue
(PO Box 32, Fresno, CA 93707-0032)
- Long Beach ... 4300 Long Beach Blvd., Ste. 600
(PO Box 469, Long Beach, CA 90801-0469)
- Los Angeles 888 S. Figueroa Street, Ste. 200
(PO Box 513096, Los Angeles, CA 90051-1096)
- Oakland 7677 Oakport Street, Ste. 325
(PO Box 1857, Oakland, CA 94606-1857)
- Sacramento 5009 Broadway
(PO Box 13140, Sacramento, CA 95813-3140)
- San Bernardino 371 West 3rd Street
(PO Box 781, San Bernardino, CA 92402-0781)
- San Diego ... 9246 Lightwave Avenue, Bldg. A, Ste. 300
(PO Box 120831, San Diego, CA 92112-0831)
- San Francisco 745 Franklin Street, Rm. 300
(PO Box 193534, San Francisco, CA 94119-3534)
- San Jose..... 297 West Hedding Street
(PO Box 637, San Jose, CA 95106-0637)
- Santa Ana 2 MacArthur Place, Suite 400
(PO Box 1466, Santa Ana, CA 92702-1466)
- Santa Barbara 128 East Ortega Street
(PO Box 1529, Santa Barbara, CA 93102-1529)
- Santa Rosa 606 Healdsburg Avenue
(PO Box 700, Santa Rosa, CA 95402-0700)
- Stockton 3127 Transworld Dr., Ste. 150
(PO Box 201006, Stockton, CA 95201-9006)
- California State Government Employees
(PO Box 2168, Stockton, CA 95201-2168)
- Van Nuys 15400 Sherman Way, Rm. 500
(PO Box 10402, Van Nuys, CA 91410-0402)



STATE OF CALIFORNIA

LABOR AND WORKFORCE DEVELOPMENT AGENCY

EMPLOYMENT DEVELOPMENT DEPARTMENT

*This pamphlet is for general information only,
and does not have the force and effect of the law,
rule or regulation.*

The EDD is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Requests for services, aids, and/or alternate formats need to be made by calling DI at 1-866-490-8879 (voice), or through the California Relay Services at 711.



DISABILITY
INSURANCE
PROVISIONS



Disability is an illness or injury, either physical or mental, which prevents customary work. Disability includes elective surgery, pregnancy, childbirth, or related medical conditions.

Disability Insurance (DI) is a component of the State Disability Insurance (SDI) program, designed to partially replace wages lost due to a non-work-related disability (see “Other Programs,” for job-related disabilities).

SDI contributions are paid by California workers covered by the SDI program. Contribution rates may vary from year to year. For current rates, visit the DI website at www.edd.ca.gov/disability, or contact the Employment Development Department (EDD) Disability Insurance customer service at 1-800-480-3287 or EDD employment tax customer service at 1-888-745-3886.

DI Plans

- State Plan. The DI state plan is covered in this brochure.
- Voluntary Plan (VP). A private plan, approved by the Director of the EDD, which may be substituted for the State Plan. Voluntary Plans may be established if the employer and majority of employees agree to do so. VP information and filing a claim may be done through your employer. If you are covered by a VP, the provisions of this brochure may not apply to you. Obtain information about your coverage and file a VP claim through your employer.
- Elective Coverage (EC). Employers and self-employed persons, including general partners, may elect coverage. The method of computing benefits for EC participants is not the same as for mandatory rate payers. The cost of participating, which is set annually, can be obtained from your local EDD Employment Tax Customer Service Office.

EC claims are filed in the same manner as State Plan claims; however, there are some differences in eligibility requirements from those listed in this pamphlet.
- For additional information or to apply for coverage, contact EDD DI customer service at 1-800-480-3287, EDD employment tax customer service at 1-888-745-3886, or visit our website at www.edd.ca.gov/disability.

How to Claim State Plan Benefits

1. Use **SDI Online** to securely file for benefits or request a paper claim form online.
 - By Internet: www.edd.ca.gov/disability.
 - By phone: **1-800-480-3287**.
 - By mail: EDD, Disability Insurance, PO Box 989777, West Sacramento, CA 95798-9777.
 - In person by visiting any of the DI offices listed under “DI Office Locations.”
 - California state government employees covered by SDI should call **1-866-352-7675**.
2. When filing using SDI Online, complete all required fields. A receipt number will be generated when your claim is submitted.

If using a paper *Claim for Disability Insurance (DI) Benefits* (DE 2501) form, complete and sign Part A-Claimant’s Statement. Print clearly, and verify your answers are complete and correct as errors delay payment.
3. Have your physician/practitioner complete the Part B - Physician/Practitioner’s Certificate online or use the paper claim form. If filing online, your physician/practitioner will need your receipt number to complete the Part B - Physician/Practitioner’s Certificate.

Usually a claim cannot begin more than seven days before you were examined by or under the care of a physician/practitioner. Certification may be made by a licensed medical or osteopathic physician and surgeon, nurse practitioner, physician assistant, chiropractor, dentist, podiatrist, optometrist, designated psychologist, or an authorized medical officer of a United States government facility. Certification may also be made by a licensed nurse-midwife or licensed midwife for disabilities related to normal pregnancy or childbirth.
4. File online or submit your paper claim form within 49 days from the date your disability begins. If your claim is late, you may lose benefits unless your explanation of the delay is accepted as reasonable.

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<p>How Benefits Are Paid</p> <ul style="list-style-type: none"> You have an option on how you receive benefit payments. If you are eligible to receive benefits, the EDD issues benefit payments by the EDD Debit CardSM through Bank of America or by check, mailed from the EDD. You do not have to accept the EDD Debit Card. Please allow 7 to 10 days for delivery of checks in the mail. Most properly completed claims are processed within 14 days. The first seven days of your DI claim are a non-payable waiting period. If a claim is filed for the same or related cause or condition within 60 days of the initial claim, it will be processed as a continuation of the initial claim for which a waiting period was already served. There will not be a new waiting period in such cases. <p>Benefits are paid as quickly as possible after all information to determine eligibility is received. If you meet all eligibility requirements, benefits will be authorized. If you are eligible for further benefits, you will be authorized for additional benefits electronically or sent a <i>Claim For Continued Disability Benefits</i> (DE 2500A) certification form for you to complete for the next benefit period. Usually these benefit periods are for two-week intervals. However, DI pays benefits based on daily eligibility within a seven-day calendar week. Partial weeks are paid at a daily rate. This rate is one-seventh of your weekly benefit amount. Please allow 10 days from the date you mail or electronically submit a certification for receipt of payment.</p> <p>How Your Benefit Rate is Determined</p> <p>Benefit amounts are based on wages paid during a specific 12-month base period, determined by the date your claim begins. Consider when to start your claim since this may affect your weekly benefit rate, your maximum benefit amount, and the period of your benefit eligibility. Only base period wages subject to the SDI contributions can be used in computing your benefits. To qualify, you must have earned at least \$300 during your base period. The month your claim begins determines which four consecutive quarters are used.</p>	<p>If your claim begins in:</p> <ul style="list-style-type: none"> January, February, or March, your base period is the 12 months ending last September 30. (Example: A claim beginning February 14, 2017, uses a base period of October 1, 2015, through September 30, 2016.) April, May, or June, your base period is the 12 months ending last December 31. (Example: A claim beginning June 20, 2017, uses a base period of January 1, 2016, through December 31, 2016.) July, August, or September, your base period is the 12 months ending last March 31. (Example: A claim beginning September 27, 2017, uses a base period of April 1, 2016, through March 31, 2017.) October, November, or December, your base period is the 12 months ending last June 30. (Example: A claim beginning November 2, 2017, uses a base period of July 1, 2016, through June 30, 2017.) <p>Exceptions: If your claim is determined to be invalid, but you were unemployed and seeking work for 60 days or more in any quarter of your base period, you may be able to substitute wages paid in prior quarters.</p> <p>You may be entitled to substitute wages paid in prior quarters to either validate your claim or increase your benefit amount, if during your base period you:</p> <ul style="list-style-type: none"> Were in the military service. Received workers’ compensation benefits. Did not work because of a labor dispute. <p>If your situation fits any of the above, include a letter and supporting documentation with your claim form.</p> <p>Wage Continuation. If your employer continues to pay you wages during your DI claim, your DI benefits may be affected. DI benefits plus wages cannot exceed your regular weekly wage. DI benefits are not affected by vacation pay you may receive.</p> <p>Maximum Benefits. The maximum benefit amount is 52 times the weekly rate, but not more than your total base period wages. Exception: For employers and self-employed individuals who elect SDI coverage, the maximum benefit amount is 39 times the weekly rate.</p>	<p>Additionally, benefits are payable only for a limited period to a resident in an alcoholic recovery home or drug-free residential facility that is both licensed and certified by the state in which the facility is located. However, disabilities related to or caused by acute or chronic alcoholism or drug abuse, being medically treated, do not have this limitation.</p> <p>Pregnancy. As with any medical condition, your disability period begins the first day you are unable to do your regular or customary work. DI benefits are based on the period of time your physician/practitioner certifies you are unable to do your regular or customary work. Do not send in your claim for pregnancy-related DI benefits until the date your physician/practitioner certifies you are unable to work.</p> <p>NOTE: For information on Paid Family Leave (PFL) bonding benefits, see the “Other Programs” section of this brochure.</p> <p>You May Not be Eligible for Benefits</p> <ul style="list-style-type: none"> If you are receiving Unemployment Insurance or PFL benefits. If you are not working or looking for work at the time your disability begins. If you are in custody due to conviction of a crime. If your full wages are paid. If you are receiving workers’ compensation at a weekly rate equal to or greater than the DI rate. If workers’ compensation benefits are paid at a lower rate than your DI rate, you may be paid the difference. For the amount of time a claim is late (without good cause). If you make a false statement or fail to report a material fact. (A 30 percent penalty may be assessed if benefits are overpaid because you willfully withheld a material fact or made a false statement.) If you fail to attend an independent medical examination when requested. (Fees for such examinations are paid by the EDD.) <p>The California Unemployment Insurance Code provides for penalties consisting of fines, imprisonment, and loss of benefit rights for fraud against the SDI program.</p>	<p>Your Rights. You are entitled to:</p> <ul style="list-style-type: none"> Know the reason and basis for any decision that affects your benefits. Appeal any decision about your eligibility for benefits. (Appeals must be sent to the DI office in writing.) Request an appeal hearing before an Administrative Law Judge (ALJ). You may further appeal the ALJ’s decision to the California Unemployment Insurance Appeals Board and the courts. Privacy – all claim information will be kept confidential except for the purposes allowed by law. <p>Your Obligations. Your responsibilities:</p> <ul style="list-style-type: none"> Complete your claim and other forms correctly, completely, and truthfully. Submit your claim and other forms according to time limits on forms. If your claim is submitted late and you believe you have a good reason for being late, you should include a written explanation of the reason(s) with the form. Contact DI if you do not understand a question or how to answer it. Include your name and claim identification number on letters to DI. <p>Contact DI</p> <ul style="list-style-type: none"> By email at https://askedd.edd.ca.gov. By phone at: <ul style="list-style-type: none"> English 1-800-480-3287 Spanish 1-866-658-8846 By U.S. mail addressed to PO Box 13140, Sacramento, CA 95813-3140. If you do not have a current claim, you may write to any DI office. Note: Do not mail claim forms to this PO Box. By TTY (teletypewriter for deaf, hearing-impaired, and speech-impaired persons only) at 1-800-563-2441. In person by visiting any of the DI offices listed under “DI Office Locations.” 	<p>Other Programs</p> <p><u>If you are injured on the job</u> or become ill as a result of your occupation, notify your employer.</p> <p><u>If you are able and available to work</u> but unemployed, contact the Unemployment Insurance program of the EDD through the website at www.edd.ca.gov/unemployment, or by phone at 1-800-300-5616 (TTY 1-800-815-9387).</p> <p><u>If you need help in finding work, job training, retraining,</u> or other services in order to return to work, visit your local America’s Job Center of CaliforniaSM formerly known as One-Stop Career Centers listed at www.servicelocator.org, or in the white pages of your phone directory.</p> <p><u>If your disability is permanent</u> or is expected to continue for a year or more, contact the U.S. Social Security Administration at www.ssa.gov, or by phone at 1-800-772-1213 (TTY 1-800-325-0778).</p> <p><u>If you take time off work to care for a family member or if you take time off from work to bond with a new child,</u> including newly adopted, newly placed foster children, or those of your registered domestic partner, contact the EDD PFL program at www.edd.ca.gov/disability, or by phone at 1-877-238-4373, or through the California Relay Service at 711.</p> <p>Note: A PFL bonding claim form will be sent automatically with the final benefit payment to new mothers receiving DI benefits.</p> <p><u>If you are a victim of a crime,</u> contact the California Victim Compensation program at 1-800-777-9229 (TTY 1-800-735-2929). You may also contact your county Victim/Witness Assistance Center.</p> <p><u>Questions about spousal or parental support</u> obligations should be directed to the district attorney’s office for the county that issued the court order.</p> <p><u>Questions about child support</u> obligations should be directed to the Department of Child Support Services at 1-866-901-3212 (TTY 1-866-399-4096).</p>

BEHAVIORS THAT MAY BE SEXUAL HARASSMENT:

- 1 *Unwanted sexual advances*
- 2 *Offering employment benefits
in exchange for sexual favors*
- 3 *Leering; gestures; or displaying sexually
suggestive objects, pictures, cartoons,
or posters*
- 4 *Derogatory comments, epithets, slurs,
or jokes*
- 5 *Graphic comments, sexually degrading
words, or suggestive or obscene messages
or invitations*
- 6 *Physical touching or assault, as well as
impeding or blocking movements*

Actual or threatened retaliation for rejecting advances or complaining about harassment is also unlawful.

Employees or job applicants who believe that they have been sexually harassed or retaliated against may file a complaint of discrimination with DFEH within one year of the last act of harassment or retaliation. DFEH serves as a neutral fact-finder and attempts to help the parties voluntarily resolve disputes. If DFEH finds sufficient evidence to establish that discrimination occurred and settlement efforts fail, the Department may file a civil complaint in state or federal court to address the causes of the discrimination and on behalf of the complaining party. DFEH may seek court orders changing the employer's policies and practices, punitive damages, and attorney's fees and costs if it prevails in litigation. Employees can also pursue the matter through a private lawsuit in civil court after a complaint has been filed with DFEH and a Right-to-Sue Notice has been issued.

THE MISSION OF THE DEPARTMENT OF FAIR
EMPLOYMENT AND HOUSING IS TO PROTECT
THE PEOPLE OF CALIFORNIA FROM UNLAWFUL
DISCRIMINATION IN EMPLOYMENT, HOUSING AND
PUBLIC ACCOMMODATIONS, AND FROM THE
PERPETRATION OF ACTS OF HATE VIOLENCE AND
HUMAN TRAFFICKING.

FOR MORE INFORMATION

Department of Fair Employment and Housing
Toll Free: (800) 884-1684
TTY: (800) 700-2320
Online: www.dfeh.ca.gov

Also find us on:



If you have a disability that prevents you from submitting a written pre-complaint form on-line, by mail, or email, the DFEH can assist you by scribing your pre-complaint by phone or, for individuals who are Deaf or Hard of Hearing or have speech disabilities, through the California Relay Service (711), or call us through your VRS at (800) 884-1684 (voice).

To schedule an appointment, contact
the Communication Center at
(800) 884-1684 (voice or via relay operator 711)
or (800) 700-2320 (TTY)
or by email at contact.center@dfeh.ca.gov.

*The DFEH is committed to providing access to our materials in
an alternative format as a reasonable accommodation
for people with disabilities when requested.*

*Contact the DFEH at (800) 884-1684 (voice or via
relay operator 711), TTY (800) 700-2320, or
contact.center@dfeh.ca.gov to discuss your preferred
format to access our materials or webpages.*

SEXUAL HARASSMENT



THE FACTS

Sexual harassment is a form of discrimination based on sex/gender (including pregnancy, childbirth, or related medical conditions), gender identity, gender expression, or sexual orientation. Individuals of any gender can be the target of sexual harassment. Unlawful sexual harassment does not have to be motivated by sexual desire. Sexual harassment may involve harassment of a person of the same gender as the harasser, regardless of either person's sexual orientation or gender identity.

THERE ARE TWO TYPES OF SEXUAL HARASSMENT

- ① *"Quid pro quo"* (Latin for "this for that") sexual harassment is when someone conditions a job, promotion, or other work benefit on your submission to sexual advances or other conduct based on sex.
- ② *"Hostile work environment"* sexual harassment occurs when unwelcome comments or conduct based on sex unreasonably interfere with your work performance or create an intimidating, hostile, or offensive work environment. You may experience sexual harassment even if the offensive conduct was not aimed directly at you.

The harassment must be severe or pervasive to be unlawful. That means that it alters the conditions of your employment and creates an abusive work environment. A single act of harassment may be sufficiently severe to be unlawful.

CIVIL REMEDIES:



ALL EMPLOYERS MUST TAKE THE FOLLOWING ACTIONS TO PREVENT HARASSMENT AND CORRECT IT WHEN IT OCCURS:

- 1 *Damages for emotional distress from each employer or person in violation of the law*
- 2 *Hiring or reinstatement*
- 3 *Back pay or promotion*
- 4 *Changes in the policies or practices of the employer*

EMPLOYER RESPONSIBILITY & LIABILITY

All employers, regardless of the number of employees, are covered by the harassment provisions of California law. Employers are liable for harassment by their supervisors or agents. All harassers, including both supervisory and non-supervisory personnel, may be held personally liable for harassment or for aiding and abetting harassment. The law requires employers to take reasonable steps to prevent harassment. If an employer fails to take such steps, that employer can be held liable for the harassment. In addition, an employer may be liable for the harassment by a non-employee (for example, a client or customer) of an employee, applicant, or person providing services for the employer. An employer will only be liable for this form of harassment if it knew or should have known of the harassment, and failed to take immediate and appropriate corrective action.

Employers have an affirmative duty to take reasonable steps to prevent and promptly correct discriminatory and harassing conduct, and to create a workplace free of harassment.

A program to eliminate sexual harassment from the workplace is not only required by law, but it is the most practical way for an employer to avoid or limit liability if harassment occurs.

- ① Distribute copies of this brochure or an alternative writing that complies with Government Code 12950. This pamphlet may be duplicated in any quantity.
- ② Post a copy of the Department's employment poster entitled "California Law Prohibits Workplace Discrimination and Harassment."
- ③ Develop a harassment, discrimination, and retaliation prevention policy in accordance with 2 CCR 11023. The policy must:
 - Be in writing.
 - List all protected groups under the FEHA.
 - Indicate that the law prohibits coworkers and third parties, as well as supervisors and managers with whom the employee comes into contact, from engaging in prohibited harassment.
 - Create a complaint process that ensures confidentiality to the extent possible; a timely response; an impartial and timely investigation by qualified personnel; documentation and tracking for reasonable progress; appropriate options for remedial actions and resolutions; and timely closures.
 - Provide a complaint mechanism that does not require an employee to complain directly to their immediate supervisor. That complaint mechanism must include, but is not limited to including: provisions for direct communication, either orally or in writing, with a designated company representative; and/or a complaint hotline; and/or access to an ombudsperson; and/or identification of DFEH and the United States Equal Employment Opportunity Commission as additional avenues for employees to lodge complaints.
 - Instruct supervisors to report any complaints of misconduct to a designated company representative, such as a human resources

manager, so that the company can try to resolve the claim internally. Employers with 50 or more employees are required to include this as a topic in mandated sexual harassment prevention training (see 2 CCR 11024).

- Indicate that when the employer receives allegations of misconduct, it will conduct a fair, timely, and thorough investigation that provides all parties appropriate due process and reaches reasonable conclusions based on the evidence collected.
 - Make clear that employees shall not be retaliated against as a result of making a complaint or participating in an investigation.
- ④ Distribute its harassment, discrimination, and retaliation prevention policy by doing one or more of the following:
 - Printing the policy and providing a copy to employees with an acknowledgement form for employees to sign and return.
 - Sending the policy via email with an acknowledgment return form.
 - Posting the current version of the policy on a company intranet with a tracking system to ensure all employees have read and acknowledged receipt of the policy.
 - Discussing policies upon hire and/or during a new hire orientation session.
 - Using any other method that ensures employees received and understand the policy.
 - ⑤ If the employer's workforce at any facility or establishment contains ten percent or more of persons who speak a language other than English as their spoken language, that employer shall translate the harassment, discrimination, and retaliation policy into every language spoken by at least ten percent of the workforce.
 - ⑥ In addition, employers who do business in California and employ 50 or more part-time or full-time employees must provide at least two hours of sexual harassment training every two years to each supervisory employee and to all new supervisory employees within six months of their assumption of a supervisory position.

TIME OF HIRE PAMPHLET

This pamphlet, or a similar one that has been approved by the Administrative Director, must be given to all newly hired employees in the State of California. Employers and claims administrators may use the content of this document and put their logos and additional information on it. The content of this pamphlet applies to all industrial injuries that occur on or after January 1, 2013.

WHAT IS WORKERS' COMPENSATION?

If you get hurt on the job, your employer is required by law to pay for workers' compensation benefits. You could get hurt by:

One event at work. Examples: hurting your back in a fall, getting burned by a chemical that splashes on your skin, getting hurt in a car accident while making deliveries.

—or—

Repeated exposures at work. Examples: hurting your wrist from using vibrating tools, losing your hearing because of constant loud noise.

—or—

Workplace crime. Examples: you get hurt in a store robbery, physically attacked by an unhappy customer.

Discrimination is illegal

It is illegal under Labor Code section 132a for your employer to punish or fire you because you:

- File a workers' compensation claim
- Intend to file a workers' compensation claim
- Settle a workers' compensation claim
- Testify or intend to testify for another injured worker.

If it is found that your employer discriminated against you, he or she may be ordered to return you to your job. Your employer may also be made to pay for lost wages, increased workers' compensation benefits, and costs and expenses set by state law.

WHAT ARE THE BENEFITS?

- **Medical care:** Paid for by your employer to help you recover from an injury or illness caused by work. Doctor visits, hospital services, physical therapy, lab tests and x-rays are some of the medical services that may be provided. These services should be necessary to treat your injury. There are limits on some services such as physical and occupational therapy and chiropractic care.

- **Temporary disability benefits:** Payments if you lose wages because your injury prevents you from doing your usual job while recovering. The amount you may get is up to two-thirds of your wages. There are minimum and maximum payment limits set by state law. You will be paid every two weeks if you are eligible. For most injuries, payments may not exceed 104 weeks within five years from your date of injury. Temporary disability (TD) stops when you return to work, or when the doctor releases you for work, or says your injury has improved as much as it's going to.
- **Permanent disability benefits:** Payments if you don't recover completely. You will be paid every two weeks if you are eligible. There are minimum and maximum weekly payment rates established by state law. The amount of payment is based on:
 - Your doctor's medical reports
 - Your age
 - Your occupation
- **Supplemental job displacement benefits:** This is a voucher for up to \$6,000 that you can use for retraining or skill enhancement at an approved school, books, tools, licenses or certification fees, or other resources to help you find a new job. You are eligible for this voucher if:
 - You have a permanent disability.
 - Your employer does not offer regular, modified, or alternative work, within 60 days after the claims administrator receives a doctor's report saying you have made a maximum medical recovery.
- **Death benefits:** Payments to your spouse, children or other dependents if you die from a job injury or illness. The amount of payment is based on the number of dependents. The benefit is paid every two weeks at a rate of at least \$224 per week. In addition, workers' compensation provides a burial allowance.

OTHER BENEFITS

You may file a claim with the Employment Development Department (EDD) to get state disability benefits when workers' compensation benefits are delayed, denied, or have ended. There are time restrictions so for more information contact the local office of EDD or go to their web site www.edd.ca.gov.

If your injury results in a permanent disability (PD) and the state determines that your PD benefit is disproportionately low compared to your earning loss, you may qualify for additional money from the Department of Industrial Relation's special earnings loss supplement program also known as the return to work program. If you have questions or think you qualify, contact the Information & Assistance Unit by going to www.dwc.ca.gov and looking under "Workers'

Compensation programs and units” for the “Information & Assistance Unit” link or visit the DIR web site at www.dir.ca.gov.

Workers’ compensation fraud is a crime

Any person who makes or causes to be made any knowingly false statement in order to obtain or deny workers’ compensation benefits or payments is guilty of a felony. If convicted, the person will have to pay fines up to \$150,000 and/or serve up to five years in jail.

WHAT SHOULD I DO IF I HAVE AN INJURY?

Report your injury to your employer

Tell your supervisor right away no matter how slight the injury may be. Don’t delay – there are time limits. You could lose your right to benefits if your employer does not learn of your injury within 30 days. If your injury or illness is one that develops over time, report it as soon as you learn it was caused by your job.

If you cannot report to the employer or don’t hear from the claims administrator after you have reported your injury, contact the claims administrator yourself.

Workers’ compensation insurance company or if employer is self-insured, person responsible for handling the claim is:

The Hartford / Sentinel Ins. Co, LTD

Address: PO Box 14187 Lexington, KY 40512

Phone: 1-800-662-5814 Option 4.

You may be able to find the name of your employer’s workers’ compensation insurer at www.caworkcompcoverage.com. If no coverage exists or coverage has expired, contact the Division of Labor Standards Enforcement at www.dir.ca.gov/DLSE as all employees must be covered by law.

Get emergency treatment if needed

If it’s a medical emergency, go to an emergency room right away. Tell the medical provider who treats you that your injury is job related. Your employer may tell you where to go for follow up treatment.

Emergency telephone number: Call 911 for an ambulance, fire department or police. For non-emergency medical care, contact your employer, the workers' compensation claims administrator or go to this facility:

Scripps Mercy Hospital
4077 Fifth Ave.
San Diego, CA 92103

Fill out DWC 1 claim form and give it to your employer

Your employer must give you a [DWC 1 claim form](#) within one working day after learning about your injury or illness. Complete the employee portion, sign and give it back to your employer. Your employer will then file your claim with the claims administrator. Your employer must authorize treatment within one working day of receiving the DWC 1 claim form.

If the injury is from repeated exposures, you have one year from when you realized your injury was job related to file a claim.

In either case, you may receive up to \$10,000 in employer-paid medical care until your claim is either accepted or denied. The claims administrator has up to 90 days to decide whether to accept or deny your claim. Otherwise your case is presumed payable.

Your employer or the claims administrator will send you "benefit notices" that will advise you of the status of your claim.

MORE ABOUT MEDICAL CARE

What is a Primary Treating Physician (PTP)?

This is the doctor with overall responsibility for treating your injury or illness. He or she may be:

- The doctor you name in writing *before* you get hurt on the job
- A doctor from the medical provider network (MPN)
- The doctor chosen by your employer during the first 30 days of injury if your employer does not have an MPN or
- The doctor you chose after the first 30 days if your employer does not have an MPN.

What is a Medical Provider Network (MPN)?

An MPN is a select group of health care providers who treat injured workers. Check with your employer to see if they are using an MPN.

If you have not named a doctor before you get hurt and your employer is using an MPN, you will see an MPN doctor. After your first visit, you are free to choose another doctor from the MPN list.

What is Predesignation?

Predesignation is when you name your regular doctor to treat you if you get hurt on the job. The doctor must be a medical doctor (M.D.), doctor of osteopathic medicine (D.O.) or a medical group with an M.D. or D.O. You must name your doctor in writing *before* you get hurt or become ill.

You may predesignate a doctor if you have health care coverage for non-work injuries and illnesses. The doctor must have:

- Treated you
- Maintained your medical history and records before your injury and
- Agreed to treat you for a work-related injury or illness before you get hurt or become ill.

You may use the “predesignation of personal physician” form included with this pamphlet. After you fill in the form, be sure to give it to your employer.

If your employer does not have an approved MPN, you may name your chiropractor or acupuncturist to treat you for work related injuries. The notice of personal chiropractor or acupuncturist must be in writing *before* you get hurt. You may use the form included in this pamphlet. After you fill in the form, be sure to give it to your employer.

With some exceptions, state law does not allow a chiropractor to continue as your treating physician after 24 visits. Once you have received 24 chiropractic visits, if you still require medical treatment, you will have to select a new physician who is not a chiropractor. The term “chiropractic visit” means any chiropractic office visit, regardless of whether the services performed involve chiropractic manipulation or are limited to evaluation and management.

Exceptions to the prohibition on a chiropractor continuing as your treating physician after 24 visits include postsurgical physical medicine visits prescribed by the surgeon, or physician designated by the surgeon, under the postsurgical component of the Division of Workers’ Compensation’s Medical Treatment Utilization Schedule, or if your employer has authorized additional visits in writing.

WHAT IF THERE IS A PROBLEM?

If you have a concern, speak up. Talk to your employer or the claims administrator handling your claim and try to solve the problem. If this doesn’t work, get help by trying the following:

Contact the Division of Workers’ Compensation (DWC) Information and Assistance (I&A) Unit

All 24 DWC offices throughout the state provide information and assistance on rights, benefits and obligations under California's workers' compensation laws. I&A officers help resolve disputes without formal proceedings. Their goal is to get you full and timely benefits. Their services are free.

To contact the nearest I&A Unit, go to www.dwc.ca.gov and under “Workers’ Compensation programs and units”, click on “Information & Assistance Unit.” At this site you will find fact sheets, guides and information to help you.

The nearest I&A Unit is located at:

Address: 7575 Metropolitan Drive Ste. 202, San Diego, CA 92108-4424

Phone number: 1-619-767-2082

Consult with an attorney

Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fees may be taken out of some of your benefits. For names of workers' compensation attorneys, call the State Bar of California at (415) 538-2120 or go to their website at www.californiaspecialist.org. You may get a list of attorneys from your local I&A Unit or look in the yellow pages.

Warning

Your employer may not pay workers' compensation benefits if you get hurt in a voluntary off-duty recreational, social or athletic activity that is not part of your work-related duties.

Additional rights

You may also have other rights under the Americans with Disabilities Act (ADA) or the Fair Employment and Housing Act (FEHA). For additional information, contact FEHA at (800) 884-1684 or the Equal Employment Opportunity Commission (EEOC) at (800) 669-4000.

The information contained in this pamphlet conforms to the informational requirements found in Labor Code sections 3551 and 3553 and California Code of Regulation, Title 8, sections 9880 and 9883. This document is approved by the Division of Workers' Compensation administrative director.

Revised 6/17/14 and effective for dates of injuries on or after 1/1/13

PREDESIGNATION OF PERSONAL PHYSICIAN

In the event you sustain an injury or illness related to your employment, you may be treated for such injury or illness by your personal medical doctor (M.D.), doctor of osteopathic medicine (D.O.) or medical group if:

- on the date of your work injury you have health care coverage for injuries or illnesses that are not work related;
- the doctor is your regular physician, who shall be either a physician who has limited his or her practice of medicine to general practice or who is a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner, and has previously directed your medical treatment, and retains your medical records;
- your "personal physician" may be a medical group if it is a single corporation or partnership composed of licensed doctors of medicine or osteopathy, which operates an integrated multispecialty medical group providing comprehensive medical services predominantly for nonoccupational illnesses and injuries;
- prior to the injury your doctor agrees to treat you for work injuries or illnesses;
- prior to the injury you provided your employer the following in writing: (1) notice that you want your personal doctor to treat you for a work-related injury or illness, and (2) your personal doctor's name and business address.

You may use this form to notify your employer if you wish to have your personal medical doctor or a doctor of osteopathic medicine treat you for a work-related injury or illness and the above requirements are met.

NOTICE OF PREDESIGNATION OF PERSONAL PHYSICIAN

Employee: Complete this section.

To: _____ (name of employer) If I have a work-related injury or illness, I choose to be treated by:

(name of doctor)(M.D., D.O., or medical group)

(street address, city, state, ZIP)

(telephone number)

Employee Name (please print):

Employee's Address:

Name of Insurance Company, Plan, or Fund providing health coverage for nonoccupational injuries or illnesses:

Employee's Signature _____ Date: _____

Physician: I agree to this Predesignation:

Signature: _____ Date: _____
(Physician or Designated Employee of the Physician or Medical Group)

The physician is not required to sign this form, however, if the physician or designated employee of the physician or medical group does not sign, other documentation of the physician's agreement to be predesignated will be required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3).

§ 9783.1. DWC Form 9783.1 Notice of Personal Chiropractor or Personal Acupuncturist.

NOTICE OF PERSONAL CHIROPRACTOR OR PERSONAL ACUPUNCTURIST

If your employer or your employer's insurer does not have a Medical Provider Network, you may be able to change your treating physician to your personal chiropractor or acupuncturist following a work-related injury or illness. In order to be eligible to make this change, you must give your employer the name and business address of a personal chiropractor or acupuncturist in writing prior to the injury or illness. Your claims administrator generally has the right to select your treating physician within the first 30 days after your employer knows of your injury or illness. After your claims administrator has initiated your treatment with another doctor during this period, you may then, upon request, have your treatment transferred to your personal chiropractor or acupuncturist.

NOTE: If your date of injury is January 1, 2004 or later, a chiropractor cannot be your treating physician after you have received 24 chiropractic visits unless your employer has authorized additional visits in writing. The term "chiropractic visit" means any chiropractic office visit, regardless of whether the services performed involve chiropractic manipulation or are limited to evaluation and management. Once you have received 24 chiropractic visits, if you still require medical treatment, you will have to select a new physician who is not a chiropractor. This prohibition shall not apply to visits for postsurgical physical medicine visits prescribed by the surgeon, or physician designated by the surgeon, under the postsurgical component of the Division of Workers' Compensation's Medical Treatment Utilization Schedule.

You may use this form to notify your employer of your personal chiropractor or acupuncturist.

Your Chiropractor or Acupuncturist's Information:

(name of chiropractor or acupuncturist)

(street address, city, state, zip code)

(telephone number)

Employee Name (please print):

Employee's Address:

Employee's Signature _____ Date: _____

NOTICE TO EMPLOYEE
Labor Code section 2810.5

EMPLOYEE

Employee Name: _____

Start Date: _____

EMPLOYER

Legal Name of Hiring Employer: _____

Is hiring employer a staffing agency/business (e.g., Temporary Services Agency; Employee Leasing Company; or Professional Employer Organization [PEO])? ☐ Yes ☐ No

Other Names Hiring Employer is "doing business as" (if applicable):

Physical Address of Hiring Employer's Main Office:

Hiring Employer's Mailing Address (if different than above):

Hiring Employer's Telephone Number: _____

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: _____ Overtime Rate(s) of Pay: _____

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

☐ Other (provide specifics): _____

Does a written agreement exist providing the rate(s) of pay? (check box) ☐ Yes ☐ No

If yes, are all rate(s) of pay and bases thereof contained in that written agreement? ☐ Yes ☐ No

Allowances, 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: _____

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)

(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.

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.

TALENT **KNOWS** TALENT

As a valued Team Member, you know what it takes to work in a high volume environment

Refer a friend or previous co-worker and receive - \$150

Once your referral has worked 30 days

You Receive - \$50

Once your referral has worked 90 days

You Receive An Additional - \$100

We are always looking for:

Line Cooks | Servers | Quick-Serve Counter Attendees | Dishwashers | Hosts | Food Runners

- You must notify your Hiring Manager who you are referring prior to the employee going through the badging process.
- First bonus will be paid out after 30 days of your referral's employment.
- Employee is responsible for taxes on bonus.
- Employee must remain employed for 90 days to receive second bonus.

**REFERRAL PROGRAM IS ONLY
VALID AT THESE LOCATIONS.**

