



Instructions for Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

Read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any work-authorized individual in hiring, discharge, recruitment or referral for a fee, or in the employment eligibility verification (Form I-9 and E-Verify) process based on that individual's citizenship status, immigration status or national origin. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC) at 1-800-255-7688 (employees), 1-800-255-8155 (employers), or 1-800-237-2515 (TDD), or visit www.justice.gov/ert/about/osc.

What Is the Purpose of This Form?

Employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 6, 1986, to work in the United States. In the Commonwealth of the Northern Mariana Islands (CNMI), employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 27, 2011. Employers should have used Form I-9 CNMI between November 28, 2009 and November 27, 2011.

General Instructions

Employers are responsible for completing and retaining Form I-9. For the purpose of completing this form, the term "employer" means all employers, including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors.

Form I-9 is made up of three sections. Employers may be fined if the form is not complete. Employers are responsible for retaining completed forms. Do not mail completed forms to U.S. Citizenship and Immigration Services (USCIS) or Immigration and Customs Enforcement (ICE).

Section 1. Employee Information and Attestation

Newly hired employees must complete and sign Section 1 of Form I-9 **no later than the first day of employment**. Section 1 should never be completed before the employee has accepted a job offer.

Provide the following information to complete Section 1:

Name: Provide your full legal last name, first name, and middle initial. Your last name is your family name or surname. If you have two last names or a hyphenated last name, include both names in the last name field. Your first name is your given name. Your middle initial is the first letter of your second given name, or the first letter of your middle name, if any.

Other names used: Provide all other names used, if any (including maiden name). If you have had no other legal names, write "N/A."

Address: Provide the address where you currently live, including Street Number and Name, Apartment Number (if applicable), City, State, and Zip Code. Do not provide a post office box address (P.O. Box). Only border commuters from Canada or Mexico may use an international address in this field.

Date of Birth: Provide your date of birth in the mm/dd/yyyy format. For example, January 23, 1950, should be written as 01/23/1950.

U.S. Social Security Number: Provide your 9-digit Social Security number. Providing your Social Security number is voluntary. However, if your employer participates in E-Verify, you must provide your Social Security number.

E-mail Address and Telephone Number (Optional): You may provide your e-mail address and telephone number. Department of Homeland Security (DHS) may contact you if DHS learns of a potential mismatch between the information provided and the information in DHS or Social Security Administration (SSA) records. You may write "N/A" if you choose not to provide this information.

All employees must attest in Section 1, under penalty of perjury, to their citizenship or immigration status by checking one of the following four boxes provided on the form:

1. A citizen of the United States

2. A noncitizen national of the United States: Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

3. A lawful permanent resident: A lawful permanent resident is any person who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant. The term "lawful permanent resident" includes conditional residents. If you check this box, write either your Alien Registration Number (A-Number) or USCIS Number in the field next to your selection. At this time, the USCIS Number is the same as the A-Number without the "A" prefix.

4. An alien authorized to work: If you are not a citizen or national of the United States or a lawful permanent resident, but are authorized to work in the United States, check this box.

If you check this box:

a. Record the date that your employment authorization expires, if any. Aliens whose employment authorization does not expire, such as refugees, asylees, and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, may write "N/A" on this line.

b. Next, enter your Alien Registration Number (A-Number)/USCIS Number. At this time, the USCIS Number is the same as your A-Number without the "A" prefix. If you have not received an A-Number/USCIS Number, record your Admission Number. You can find your Admission Number on Form I-94, "Arrival-Departure Record," or as directed by USCIS or U.S. Customs and Border Protection (CBP).

(1) If you obtained your admission number from CBP in connection with your arrival in the United States, then also record information about the foreign passport you used to enter the United States (number and country of issuance).

(2) If you obtained your admission number from USCIS *within the United States*, or you entered the United States without a foreign passport, you must write "N/A" in the Foreign Passport Number and Country of Issuance fields.

Sign your name in the "Signature of Employee" block and record the date you completed and signed Section 1. By signing and dating this form, you attest that the citizenship or immigration status you selected is correct and that you are aware that you may be imprisoned and/or fined for making false statements or using false documentation when completing this form. To fully complete this form, you must present to your employer documentation that establishes your identity and employment authorization. Choose which documents to present from the Lists of Acceptable Documents, found on the last page of this form. You must present this documentation no later than the third day after beginning employment, although you may present the required documentation before this date.

Preparer and/or Translator Certification

The Preparer and/or Translator Certification must be completed if the employee requires assistance to complete Section 1 (e.g., the employee needs the instructions or responses translated, someone other than the employee fills out the information blocks, or someone with disabilities needs additional assistance). The employee must still sign Section 1.

Minors and Certain Employees with Disabilities (Special Placement)

Parents or legal guardians assisting minors (individuals under 18) and certain employees with disabilities should review the guidelines in the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* on www.uscis.gov I-9C central before completing Section 1. These individuals have special procedures for establishing identity if they cannot present an identity document for Form I-9. The special procedures include (1) the parent or legal guardian filling out Section 1 and writing "minor under age 18" or "special placement," whichever applies, in the employee signature block; and (2) the employer writing "minor under age 18" or "special placement" under List B in Section 2.

Section 2. Employer or Authorized Representative Review and Verification

Before completing Section 2, employers must ensure that Section 1 is completed properly and on time. Employers may not ask an individual to complete Section 1 before he or she has accepted a job offer.

Employers or their authorized representative must complete Section 2 by examining evidence of identity and employment authorization within 3 business days of the employee's first day of employment. For example, if an employee begins employment on Monday, the employer must complete Section 2 by Thursday of that week. However, if an employer hires an individual for less than 3 business days, Section 2 must be completed no later than the first day of employment. An employer may complete Form I-9 before the first day of employment if the employer has offered the individual a job and the individual has accepted.

Employers cannot specify which document(s) employees may present from the Lists of Acceptable Documents, found on the last page of Form I-9, to establish identity and employment authorization. Employees must present one selection from List A **OR** a combination of one selection from List B and one selection from List C. List A contains documents that show both identity and employment authorization. Some List A documents are combination documents. The employee must present combination documents together to be considered a List A document. For example, a foreign passport and a Form I-94 containing an endorsement of the alien's nonimmigrant status must be presented together to be considered a List A document. List B contains documents that show identity only, and List C contains documents that show employment authorization only. If an employee presents a List A document, he or she should **not** present a List B and List C document, and vice versa. If an employer participates in E-Verify, the List B document must include a photograph.

In the field below the Section 2 introduction, employers must enter the last name, first name and middle initial, if any, that the employee entered in Section 1. This will help to identify the pages of the form should they get separated.

Employers or their authorized representative must:

1. Physically examine each original document the employee presents to determine if it reasonably appears to be genuine and to relate to the person presenting it. The person who examines the documents must be the same person who signs Section 2. The examiner of the documents and the employee must both be physically present during the examination of the employee's documents.
2. Record the document title shown on the Lists of Acceptable Documents, issuing authority, document number and expiration date (if any) from the original document(s) the employee presents. You may write "N/A" in any unused fields.

If the employee is a student or exchange visitor who presented a foreign passport with a Form I-94, the employer should also enter in Section 2:
 - a. The student's Form I-20 or DS-2019 number (Student and Exchange Visitor Information System-SEVIS Number); **and** the program end date from Form I-20 or DS-2019.
3. Under Certification, enter the employee's first day of employment. Temporary staffing agencies may enter the first day the employee was placed in a job pool. Recruiters and recruiters for a fee do not enter the employee's first day of employment.
4. Provide the name and title of the person completing Section 2 in the Signature of Employer or Authorized Representative field.
5. Sign and date the attestation on the date Section 2 is completed.
6. Record the employer's business name and address.
7. Return the employee's documentation.

Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they should be made for **ALL** new hires or reverifications. Photocopies must be retained and presented with Form I-9 in case of an inspection by DHS or other federal government agency. Employers must always complete Section 2 even if they photocopy an employee's document(s). Making photocopies of an employee's document(s) cannot take the place of completing Form I-9. Employers are still responsible for completing and retaining Form I-9.

Unexpired Documents

Generally, only unexpired, original documentation is acceptable. The only exception is that an employee may present a certified copy of a birth certificate. Additionally, in some instances, a document that appears to be expired may be acceptable if the expiration date shown on the face of the document has been extended, such as for individuals with temporary protected status. Refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* or I-9 Central (www.uscis.gov/I-9Central) for examples.

Receipts

If an employee is unable to present a required document (or documents), the employee can present an acceptable receipt in lieu of a document from the Lists of Acceptable Documents on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employers cannot accept receipts if employment will last less than 3 days. Receipts are acceptable when completing Form I-9 for a new hire or when reverification is required.

Employees must present receipts within 3 business days of their first day of employment, or in the case of reverification, by the date that reverification is required, and must present valid replacement documents within the time frames described below.

There are three types of acceptable receipts:

1. A receipt showing that the employee has applied to replace a document that was lost, stolen or damaged. The employee must present the actual document within 90 days from the date of hire.
2. The arrival portion of Form I-94/I-94A with a temporary I-551 stamp and a photograph of the individual. The employee must present the actual Permanent Resident Card (Form I-551) by the expiration date of the temporary I-551 stamp, or, if there is no expiration date, within 1 year from the date of issue.
3. The departure portion of Form I-94/I-94A with a refugee admission stamp. The employee must present an unexpired Employment Authorization Document (Form I-766) or a combination of a List B document and an unrestricted Social Security card within 90 days.

When the employee provides an acceptable receipt, the employer should:

1. Record the document title in Section 2 under the sections titled List A, List B, or List C, as applicable.
2. Write the word "receipt" and its document number in the "Document Number" field. Record the last day that the receipt is valid in the "Expiration Date" field.

By the end of the receipt validity period, the employer should:

1. Cross out the word "receipt" and any accompanying document number and expiration date.
2. Record the number and other required document information from the actual document presented.
3. Initial and date the change.

See the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* at www.uscis.gov/I-9Central for more information on receipts.

Section 3. Reverification and Rehires

Employers or their authorized representatives should complete Section 3 when reverifying that an employee is authorized to work. When rehiring an employee within 3 years of the date Form I-9 was originally completed, employers have the option to complete a new Form I-9 or complete Section 3. When completing Section 3 in either a reverification or rehire situation, if the employee's name has changed, record the name change in Block A.

For employees who provide an employment authorization expiration date in Section 1, employers must reverify employment authorization on or before the date provided.

Some employees may write "N/A" in the space provided for the expiration date in Section 1 if they are aliens whose employment authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau). Reverification does not apply for such employees unless they chose to present evidence of employment authorization in Section 2 that contains an expiration date and requires reverification, such as Form I-766, Employment Authorization Document.

Reverification applies if evidence of employment authorization (List A or List C document) presented in Section 2 expires. However, employers should not reverify:

1. U.S. citizens and noncitizen nationals; or
2. Lawful permanent residents who presented a Permanent Resident Card (Form I-551) for Section 2.

Reverification does not apply to List B documents.

If both Section 1 and Section 2 indicate expiration dates triggering the reverification requirement, the employer should reverify by the earlier date.

For reverification, an employee must present unexpired documentation from either List A or List C showing he or she is still authorized to work. Employers CANNOT require the employee to present a particular document from List A or List C. The employee may choose which document to present.

To complete Section 3, employers should follow these instructions:

1. Complete Block A if an employee's name has changed at the time you complete Section 3.
2. Complete Block B with the date of rehire if you rehire an employee within 3 years of the date this form was originally completed, and the employee is still authorized to be employed on the same basis as previously indicated on this form. Also complete the "Signature of Employer or Authorized Representative" block.
3. Complete Block C if:
 - a. The employment authorization or employment authorization document of a current employee is about to expire and requires reverification; or
 - b. You rehire an employee within 3 years of the date this form was originally completed and his or her employment authorization or employment authorization document has expired. (Complete Block B for this employee as well.)

To complete Block C:

- a. Examine either a List A or List C document the employee presents that shows that the employee is currently authorized to work in the United States; and
 - b. Record the document title, document number, and expiration date (if any).
4. After completing block A, B or C, complete the "Signature of Employer or Authorized Representative" block, including the date.

For reverification purposes, employers may either complete Section 3 of a new Form I-9 or Section 3 of the previously completed Form I-9. Any new pages of Form I-9 completed during reverification must be attached to the employee's original Form I-9. If you choose to complete Section 3 of a new Form I-9, you may attach just the page containing Section 3, with the employee's name entered at the top of the page, to the employee's original Form I-9. If there is a more current version of Form I-9 at the time of reverification, you must complete Section 3 of that version of the form.

What Is the Filing Fee?

There is no fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the "**USCIS Privacy Act Statement**" below.

USCIS Forms and Information

For more detailed information about completing Form I-9, employers and employees should refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)*.

You can also obtain information about Form I-9 from the USCIS Web site at www.uscis.gov/I-9Central, by e-mailing USCIS at I-9Central@dhs.gov, or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

To obtain USCIS forms or the *Handbook for Employers*, you can download them from the USCIS Web site at www.uscis.gov/forms. You may order USCIS forms by calling our toll-free number at 1-800-870-3676. You may also obtain forms and information by contacting the USCIS National Customer Service Center at 1-800-375-5283. For TDD (hearing impaired), call 1-800-767-1833.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from the USCIS Web site at www.dhs.gov/E-Verify, by e-mailing USCIS at E-Verify@dhs.gov or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

Employees with questions about Form I-9 and/or E-Verify can reach the USCIS employee hotline by calling 1-888-897-7781. For TDD (hearing impaired), call 1-877-875-6028.

Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided all sides are copied. The instructions and Lists of Acceptable Documents must be available to all employees completing this form. Employers must retain each employee's completed Form I-9 for as long as the individual works for the employer. Employers are required to retain the pages of the form on which the employee and employer enter data. If copies of documentation presented by the employee are made, those copies must also be kept with the form. Once the individual's employment ends, the employer must retain this form for either 3 years after the date of hire or 1 year after the date employment ended, whichever is later.

Form I-9 may be signed and retained electronically, in compliance with Department of Homeland Security regulations at 8 CFR 274a.2.

USCIS Privacy Act Statement

AUTHORITIES: The authority for collecting this information is the Immigration Reform and Control Act of 1986, Public Law 99-603 (8 USC 1324a).

PURPOSE: This information is collected by employers to comply with the requirements of the Immigration Reform and Control Act of 1986. This law requires that employers verify the identity and employment authorization of individuals they hire for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

DISCLOSURE: Submission of the information required in this form is voluntary. However, failure of the employer to ensure proper completion of this form for each employee may result in the imposition of civil or criminal penalties. In addition, employing individuals knowing that they are unauthorized to work in the United States may subject the employer to civil and/or criminal penalties.

ROUTINE USES: This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The employer will keep this form and make it available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 35 minutes per response, including the time for reviewing instructions and completing and retaining the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue NW, Washington, DC 20529-2140; OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 		<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.



Fast facts about Paid Family Leave

- Provides benefits but does not provide job protection or return rights.
- Provides eligible workers partial wage replacement when taking time off work to care for a parent, child, spouse, and registered domestic partner or to bond with a new child.
- Covers all employees who are covered by SDI (or a voluntary plan in lieu of SDI).
- Offers up to 6 weeks of benefits in a 12-month period.
- Provides benefits of approximately 55 percent of lost wages.

In California, it's the law.
Paid Family Leave
Insurance Program
The time to care. 1-877-238-4373

For more information, visit:
www.edd.ca.gov

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

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 1-877-238-4373 (voice), or TTY 1-800-445-1312.

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

State of California



**A financial safety net
for California workers
when the need is there.**

Paid Family Leave insurance program.

Paid Family Leave insurance benefits for California workers

There are times in the life of every working person when they need to care for a loved one. Maybe it's a working parent who needs more time to bond with a newborn. Maybe it's an employee who needs to care for a seriously ill parent, child, spouse, or registered domestic partner. California's Paid Family Leave insurance benefit was created for times like these. (**Note:** Registered domestic partners must meet requirements and register with the California Secretary of State to be eligible for benefits.)



A program that benefits you and your family

California is leading the nation as the first state to make it easier for employees to balance the demands of the workplace and family care needs at home. Paid Family Leave insurance benefits are based on the claimant's (care provider's) past quarterly earnings. For more information regarding maximum benefit amounts paid, view the link to the *Disability Insurance (DI) & Paid Family Leave (PFL) Weekly Benefit Amounts in Dollar Increments* form, DE 2589 at www.edd.ca.gov.

Paid Family Leave for California employees

Paid Family Leave insurance does not provide job protection or return rights. Your job **may** be protected if your employer is subject to the federal Family Medical Leave Act and the California Family Rights Act. You must notify your employer of your reason for taking leave in a manner consistent with your company's leave policy.

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

- Be covered by State Disability Insurance (SDI) (or a voluntary plan in lieu of SDI) and have earned at least \$300 in your base period from which deductions were withheld.
- Complete your claim forms accurately, completely, truthfully, and timely.
- Submit your claim no earlier than 9 days, but no later than 49 days after the first day your family care leave began.
- Supply medical information that supports your claim that the care recipient has a serious health condition and requires your care.
- Provide documentation to support a claim for bonding with a new biological, adopted, or foster child.
- Use up to two weeks of any earned but unused vacation leave or paid time off (PTO) if required by your employer prior to the initial receipt of benefits.
- Serve a 7-day unpaid waiting period before benefits begin for each different care recipient within the 12-month period.

You may not be eligible for benefits if:

- You are receiving State Disability Insurance, Unemployment Insurance, or Workers' Compensation benefits.
- You are not working or looking for work at the time you begin your family care leave.
- You are not suffering a loss of wages.
- The need for care is not supported by the certificate of a treating physician or practitioner.
- You are in custody due to conviction of a crime.

(INTERNET)



You are entitled to:

- 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 Paid Family Leave in writing.)
- A hearing of your appeal 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 — Information about your claim will be kept confidential except for the purposes allowed by law.

Contact Paid Family Leave

If you have any questions about these benefits or would like to request a claim form, contact us today. If you are a woman currently receiving SDI pregnancy-related benefits, it is not necessary to request a Claim for Paid Family Leave Benefits. You will automatically be sent a Claim for Paid Family Leave (PFL) Benefits – New Mother, DE 2501FP, when your pregnancy-related disability claim ends.

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

For more information, visit: www.edd.ca.gov
Claim forms should be mailed to Paid Family Leave at:
P.O. Box 997017, Sacramento, CA 95799-7017

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DI Claim Management Offices

Alameda.....1600 Harbor Bay Parkway, Ste. 120
(write to: PO Box 1857, Oakland, CA 94604-1857)

Chico 645 Salem Street
(write to: PO Box 8190, Chico, CA 95927-8190)

Chino Hills.. 15315 Fairfield Ranch Road, Ste. 100
(write to: PO Box 60006, City of Industry, CA 91716-0006)

Fresno 2550 Mariposa Mall, Rm. 1080A
(write to: PO Box 32, Fresno, CA 93707-0032)

Long Beach ... 4300 Long Beach Blvd., Ste. 600
(write to: PO Box 469, Long Beach, CA 90801-0469)

Los Angeles888 S. Figueroa Street, Ste. 200
(write to: PO Box 513096, Los Angeles, CA 90051-1096)

N. Los Angeles... 15400 Sherman Way, Rm. 500
(write to: PO Box 10402, Van Nuys, CA 91410-0402)

San Bernardino.....371 West 3rd Street
(write to: PO Box 781, San Bernardino, CA 92402-0781)

San Diego.. 9246 Lightwave Avenue, Bldg. A, Ste. 300
(write to: PO Box 120831, San Diego, CA 92112-0831)

San Francisco 745 Franklin Street, Rm. 300
(write to: PO Box 193534, San Francisco, CA 94119-3534)

San Jose..... 297 West Hedding Street
(write to: PO Box 637, San Jose, CA 95106-0637)

Santa Ana .. 605 West Santa Ana Blvd., Bldg. 28, Rm. 735
(write to: PO Box 1466, Santa Ana, CA 92702-1466)

Santa Barbara 128 East Ortega Street
(write to: PO Box 1529, Santa Barbara, CA 93102-1529)

Santa Rosa.....606 Healdsburg Avenue
(write to: PO Box 700, Santa Rosa, CA 95402-0700)

Stockton 528 North Madison Street
(write to: PO Box 201006, Stockton, CA 95201-9006)



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.

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 1-800-480-3287 (voice), or TTY 1-800-563-2441, or PFL at 1-877-238-4373 or TTY 1-800-445-1312.



DISABILITY INSURANCE PROVISIONS



Disability is any illness or injury, either physical or mental, that prevents you from doing your regular or customary work. Disability also includes elective surgery, pregnancy, childbirth, or related medical conditions.

Disability Insurance (DI) is a component of the State Disability Insurance (SDI) Program and is designed to partially replace wages you lost because of a disability that was not caused by your work. (See "Other Programs" on reverse for job-related disabilities.)

SDI taxes are paid by those California workers who are covered by the SDI program. Tax rates may vary from year to year. For current rates, contact the Employment Development Department (EDD) DI Customer Service at 1-800-480-3287 or EDD Employment Tax Customer Service at 1-888-745-3886.

DI Plans

- **State Plan.** DI's state plan is covered in this brochure.
- **Voluntary Plan.** This is a private plan, approved by the Director of EDD, which may be substituted for the State Plan. Employers and employee groups may establish voluntary plans if the majority of employees and the employer agree to do so. If you are covered by a voluntary plan, the provisions of this brochure may not apply to you. Obtain information about your coverage and file a voluntary plan claim through your employer.
- **Elective Coverage.** Employers and self-employed persons, including general partners, may elect coverage. However, the method of computing benefits for elective coverage 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.

Elective Coverage 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 or EDD Employment Tax Customer Service at 1-888-745-3886.

How to Claim State Plan Benefits

1. Request a claim form:
 - By telephone: **1-800-480-3287**
 - By Internet: **www.edd.ca.gov**
 - By TTY (teletypewriter for deaf, hearing-impaired and speech-impaired persons only): **1-800-563-2441 for DI or 1-800-445-1312 for PFL.**
 - By mail: EDD, Disability Insurance, P.O. Box 13140, Sacramento, CA 95813-3140
 - In person by visiting any of the DI offices listed under "Disability Insurance Office Locations."
 - California State government employees covered by SDI should telephone **1-866-352-7675.**
2. Fill out and sign the "Claimant's Statement." Print clearly, and be sure that your answers are complete and correct because errors may delay payments.
3. Have your doctor complete the "Physician/Practitioner's Certificate." Usually a claim cannot begin more than seven days before you were examined by or under the care of a certifying physician/practitioner. Certification may be made by a licensed medical or osteopathic physician and surgeon, nurse practitioner, 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. Mail your claim form within 49 days from the first day you were disabled. If your claim is late, you may lose benefits unless your explanation of the delay is accepted as reasonable.

How Benefits Are Paid

- The SDI Program is designed to serve you by mail or online. You do not need to appear in person to apply for or receive benefits.

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- When your claim is received, you may be contacted by mail or by telephone for additional information if needed. Most claims are processed within 14 days.
- The first seven days of your disability claim are a “non payable” waiting period.

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 sent additional benefits automatically or sent a “continued claim” certification form for you to complete for the next benefit period. Usually these benefit periods will be in two week intervals. However, the DI program 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 ten days from the date you mail a certification for receipt of your payment.

How Your Benefit Rate is Determined

Your benefit amounts are based on wages paid to you during a specific 12-month **base period**, which is determined by the date your claim begins. Therefore, you should carefully 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 the wages in your **base period** that were subject to the disability insurance tax can be used in computing your benefits. To qualify, you must have earned at least \$300 during your base period. The month in which your claim begins determines which four consecutive quarters must be used.

If your claim begins in:

- **January, February, or March, your base period is the 12 months ending last September 30.** (Example: A claim beginning February 14, 2011, uses a base period of October 1, 2009, through September 30, 2010.)

- **April, May, or June, your base period is the 12 months ending last December 31.** (Example: A claim beginning June 20, 2011, uses a base period of January 1, 2009, through December 31, 2010.)
- **July, August, or September, your base period is the 12 months ending last March 31.** (Example: A claim beginning September 27, 2011, uses a base period of April 1, 2010, through March 31, 2011.)
- **October, November, or December, your base period is the 12 months ending last June 30.** (Example: A claim beginning November 2, 2011, uses a base period of July 1, 2010, through June 30, 2011.)

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.

In addition, you may be entitled to substitute wages paid in prior quarters either to make your claim valid or to increase your benefit amount, if during your base period you:

- were in the military service.
- received Workers’ Compensation benefits.
- did not work because of a labor dispute.

If your situation fits any of the above, include a note with your claim form.

Wage Continuation. If your employer continues to pay you wages while you are disabled, your DI benefits may be affected. DI benefits plus wages cannot exceed your regular weekly wage. Your DI benefits will not be affected by any vacation pay you may receive.

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.

In addition, 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.

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 disability benefits until the date your physician/practitioner certifies you are disabled.

NOTE: For information on Paid Family Leave bonding benefits, see the “Other Programs” section of this brochure.

You May Not be Eligible for Benefits

- If you are receiving Unemployment Insurance or Paid Family Leave benefits.
- If you are not working or looking for work at the time you become disabled.
- 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 EDD.)

The California Unemployment Insurance Code provides for penalties consisting of fines, imprisonment, and loss of benefit rights for fraud against the DI system.

Your Rights. You are entitled to:

- 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.)
- A hearing of your appeal 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. Information about your claim will be kept confidential except for the purposes allowed by law.

Your Obligations. You are responsible to:

- Complete your claim and other forms correctly, completely, and truthfully.
- Mail your claim and other forms in the time limits shown on the forms. If you are 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 Social Security number on all letters to DI.

Contact DI

- By **telephone:** 1-800-480-3287 (English) or 1-866-658-8846 (Spanish).
- By **U.S. mail:** addressed to the office handling your claim and on the Internet at http://www.edd.ca.gov/Disability/Contact_SDI.htm#bylocation. If you do not have a current claim, you may write to any DI Claim Management Office.
- By **TTY** (teletypewriter for deaf, hearing-impaired, and speech-impaired persons only): **1-800-563-2441**.
- By **Internet:** http://www.edd.ca.gov/About_EDD/Contact_EDD.htm
- **In person** by visiting any of the DI offices listed under “Disability Insurance Office Locations.”

Other Programs

IF YOU ARE **INJURED ON THE JOB** or become ill as a result of your occupation, notify your employer.

IF YOU ARE **ABLE AND AVAILABLE TO WORK** but unemployed, contact the Unemployment Insurance Program of EDD at **1-800-300-5616 (TTY 1-800-815-9387)**.

IF YOU NEED HELP IN **FINDING WORK, JOB TRAINING, RETRAINING**, or other services in order to return to work, visit your local one-stop career center listed in the white pages of your telephone directory and on the Internet at: www.servicelocator.org

IF YOUR **DISABILITY IS PERMANENT** or is expected to continue for a year or more, contact the U.S. Social Security Administration at **1-800-772-1213 (TTY 1-800-325-0778)** or on the Internet at: www.ssa.gov

IF A FAMILY MEMBER TAKES TIME OFF FROM WORK TO **CARE FOR YOU**, contact EDD’s **Paid Family Leave** program at **1-877-238-4373**.

IF YOU TAKE TIME OFF FROM WORK TO **BOND WITH A NEW CHILD**, including newly adopted or newly placed foster children or those of your registered domestic partner, contact EDD’s **Paid Family Leave** program at **1-877-238-4373 or TTY 1-800-445-1312**.

NOTE: A Paid Family Leave bonding claim form will be sent automatically with the final benefit payment to new mothers receiving DI benefits.

IF YOU ARE A **VICTIM OF A CRIME**, call the California Victims Compensation Program at **1-800-777-9229**. TTY users may contact the Program via **TTY at 1-800-735-2929 (English)** or **TTY at 1-800-855-3000 (Spanish)**. You may also contact your county Victim/Witness Assistance Center.

QUESTIONS ABOUT **SPOUSAL OR PARENTAL SUPPORT** obligations should be directed to the District Attorney’s Office for the county that issued the court order.

QUESTIONS ABOUT **CHILD SUPPORT** obligations should be directed to the Department of Child Support Services at **1-866-249-0773**.



Insurance Recruiters

**Employee Handbook
Temporary Staff
PRG Insurance Recruiters**

Revised 11/1/2012

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Employment

Introductory Statement

Welcome! As an employee of PRG Insurance Recruiters (the “Company”), you are an important member of a team effort. We hope that you will find your position with the Company rewarding, challenging, and productive.

Because our success depends upon the dedication of our employees, we are highly selective in choosing new members of our team. We look to you and the other employees to contribute to the success of the Company.

This employee handbook is intended to explain the terms and conditions of employment of all temporary full- and part-time employees.

This handbook summarizes the policies and practices in effect at the time of publication. This handbook supersedes all previously issued handbooks and any policy or benefit statements or memoranda that are inconsistent with the policies described here. Your Company representative will be happy to answer any questions you may have.

Right to Revise

This employee handbook contains the employment policies and practices of PRG Insurance Recruiters in effect at the time of publication. All previously issued handbooks and any inconsistent policy statements or memoranda are superseded.

PRG Insurance Recruiters reserves the right to revise, modify, delete, or add to any and all policies, procedures, work rules, or benefits stated in this handbook or in any other document, except for the policy of at-will employment. However, any such changes must be in writing and must be signed by the president of PRG Insurance Recruiters.

Any written changes to this handbook will be distributed to all employees so that employees will be aware of the new policies or procedures. No oral statements or representations can in any way alter the provisions of this handbook.

This handbook sets forth the entire agreement between you and PRG Insurance Recruiters as to the duration of employment and the circumstances under which employment may be terminated. Nothing in this employee handbook or in any other personnel document creates or is intended to create a promise or representation of continued employment for any employee.

At-Will Employment Status

PRG Insurance Recruiters personnel are employed on an at-will basis. Employment at-will means that the employment relationship may be terminated, with or without cause and with or without advance

notice at any time by the employee or the Company. Nothing in this handbook shall limit the right to terminate at-will employment. No manager, supervisor, or employee of the Company has any authority to enter into an agreement for employment for any specified period of time or to make an agreement for employment on other than at-will terms. Only the President/CEO of PRG Insurance Recruiters has the authority to make any such agreement, which is binding only if it is in writing.

Equal Employment Opportunity (5 or More Employees)

PRG Insurance Recruiters is an equal opportunity employer and makes employment decisions on the basis of merit. We want to have the best available persons in every job. Company policy prohibits unlawful discrimination based on race, color, creed, gender (including gender identity and gender expression), religion, marital status, registered domestic partner status, age, national origin or ancestry, physical or mental disability, medical condition (including cancer and genetic characteristics), genetic information, sexual orientation, or any other consideration made unlawful by federal, state, or local laws. It also prohibits unlawful discrimination based on the perception that anyone has any of those characteristics, or is associated with a person who has or is perceived as having any of those characteristics. All such discrimination is **unlawful**.

The Company is committed to compliance with all applicable laws providing equal employment opportunities. This commitment applies to **all** persons involved in Company operations and prohibits unlawful discrimination by any employee of the Company, including supervisors and coworkers.

If you believe you have been subjected to any form of unlawful discrimination, submit a written complaint to your Company representative. Your complaint should be specific and should include the names of the individuals involved and the names of any witnesses. If you need assistance with your complaint, or if you prefer to make a complaint in person, contact your Company representative. The Company will immediately undertake an effective, thorough, and objective investigation and attempt to resolve the situation. Appropriate action will be taken to deter any future discrimination. The Company will not retaliate against you for filing a complaint and will not knowingly permit retaliation by management employees or your coworkers.

To comply with applicable laws ensuring equal employment opportunities to qualified individuals with a disability, the Company will make reasonable accommodations for the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or an employee unless undue hardship would result.

Any applicant or employee who requires an accommodation in order to perform the essential functions of the job should contact your Company representative and discuss the need for an accommodation. If the accommodation is reasonable and will not impose an undue hardship, the Company will make the accommodation.

Anti-Harassment

PRG Insurance Recruiters is committed to providing a work environment free of harassment, disrespectful or other unprofessional conduct. Company policy prohibits conduct that is disrespectful, unprofessional as well as harassment based on pregnancy, childbirth or related medical conditions, race, religious creed, color, gender (including gender identity and gender expression), national origin or ancestry, physical or mental disability, medical condition, genetic information, marital status, registered domestic partner status, age, sexual orientation or any other basis protected by federal, state or local law or ordinance or regulation. **All such conduct violates company policy.** The Company's anti-harassment policy applies to all persons involved in the operation of the Company and prohibits harassment, disrespectful or unprofessional conduct by any employee of the Company, including supervisors and managers, as well as vendors, customers, independent contractors and any other persons. It also prohibits harassment, disrespectful or unprofessional conduct based on the perception that anyone has any of those characteristics, or is associated with a person who has or is perceived as having any of those characteristics.

Prohibited harassment, disrespectful or unprofessional conduct includes, but is not limited to, the following behavior:

- Verbal conduct such as epithets, derogatory jokes or comments, slurs or unwanted sexual advances, invitations or comments;
- Visual displays such as derogatory and/or sexually-oriented posters, photography, cartoons, drawings or gestures;
- Physical conduct including assault, unwanted touching, intentionally blocking normal movement or interfering with work because of sex, race or any other protected basis;
- Threats and demands to submit to sexual requests as a condition of continued employment, or to avoid some other loss and offers of employment benefits in return for sexual favors;
- Retaliation for reporting or threatening to report harassment;-and
- Communication via electronic media of any type that includes any conduct that is prohibited by state and/or federal law, or by company policy.

If you believe that you have been the subject of harassment or other prohibited conduct, bring your complaint to your PRG Insurance Recruiters representative or Vice President of Operations at PRG Insurance Recruiters as soon as possible after the incident. You will be asked to provide details of the incident or incidents, names of individuals involved and names of any witnesses. It would be best to communicate your complaint in writing, but this is not mandatory. Supervisors will refer all complaints involving harassment or other prohibited conduct to the personnel administrator, investigative officer or the president of the Company. The Company will immediately undertake an effective, thorough and objective investigation of the allegations. The Company will not retaliate against you for filing a complaint and will not tolerate or permit retaliation by management, employees, or co-workers.

The Company encourages all employees to report any incidents of harassment or other prohibited conduct forbidden by this policy **immediately** so that complaints can be quickly and fairly resolved. You also should be aware that the Federal Equal Employment Opportunity Commission and the

California Department of Fair Employment and Housing investigate and prosecute complaints of prohibited harassment in employment. If you think you have been harassed or that you have been retaliated against for resisting or complaining, you may file a complaint with the appropriate agency. The nearest office is listed in the telephone book.

Temporary Employees

Temporary employees are those employed for assignments through PRG Insurance Recruiters. Temporary employees may work full-time or part-time. Temporary employees are not eligible for employee benefits except those mandated by applicable law.

Nondisclosure or Use of Trade Secrets

During the term of employment with PRG Insurance Recruiters, employees may have access to and become familiar with information of a confidential, proprietary, or secret nature, which is or may be either applicable or related to the present or future business of the Company or the Company's Clients, its research and development, or the business of its customers. For example, trade secret information includes, but is not limited to, devices, inventions, processes and compilations of information, records, specifications, and information concerning customers or vendors. Employees shall not disclose any of the above-mentioned trade secrets, directly or indirectly, or use them in any way, either during the term of their employment or at any time thereafter, except for the benefit of the Company and as required in the course of employment with the Company. Employee agrees that he or she will not remove or otherwise transmit confidential, proprietary or secret information without express prior written consent of an authorized company representative. The above agreement should not be construed as constituting a promise of continued employment for at-will employment purposes.

Names and Addresses

PRG Insurance Recruiters is required by law to keep current all employees' names and addresses. Employees are responsible for notifying the Company in the event of a name or address change.

Personnel Records

Review of Personnel Records

You may request a review of your personnel file. The review must take place during regular business hours and must be requested two weeks in advance. The review must take place in the presence of a Company representative at a mutually convenient time. You are entitled to a copy of any document that you signed. You will not be able to copy any other documents in your personnel file, but you may

take notes. Access to personnel files is limited—you may review only your file, and you may not have others present, whether employees or non-employees. You may add comments to any disputed item in the file, but nothing can be removed from personnel files.

Disclosure of Personnel Information

PRG Insurance Recruiters will restrict disclosure of your personnel file to authorized individuals within the Company. Disclosure of personnel information to outside sources will be limited. However, PRG Insurance Recruiters will cooperate with requests from authorized law enforcement or local, state, or federal agencies conducting official investigations and as otherwise legally required.



Leaves of Absence

Pregnancy Disability Leave (5 or More Employees)

Any female employee planning to take pregnancy disability leave should advise the Company representative as early as possible. The individual should make an appointment to discuss the following conditions:

- Employees who need to take pregnancy disability must inform PRG Insurance Recruiters when a leave is expected to begin and how long it will likely last. If the need for a leave or transfer is foreseeable, employees must provide notification at least 30 days before the pregnancy disability leave or transfer is to begin. Employees must consult with the Company representative regarding the scheduling of any planned medical treatment or supervision in order to minimize disruption to the operations of the Company. Any such scheduling is subject to the approval of the employee's health care provider;
- If 30 days' advance notice is not possible, notice must be given as soon as practical;
- Upon the request of an employee and recommendation of the employee's physician, the employee's work assignment may be changed if necessary to protect the health and safety of the employee and her child;
- Temporary transfers due to health considerations may be granted when possible. However, the transferred employee will receive the pay that accompanies the job, as is the case with any other temporary transfer due to temporary health reasons;
- Pregnancy leave usually begins when ordered by the employee's physician. The employee must provide PRG Insurance Recruiters with a certification from a health care provider. The certification indicating disability should contain:
 - The date on which the employee became disabled due to pregnancy;
 - The probable duration of the period or periods of disability; and
 - A statement that, due to the disability, the employee is unable to perform one or more of the essential functions of her position without undue risk to herself, the successful completion of her pregnancy, or to other persons.
- Leave returns will be allowed only when the employee's physician sends a release;
- Duration of the leave will be determined by the advice of the employee's physician, but employees disabled by pregnancy may take up to four months. Part-time employees are entitled to leave on a pro rata basis. The four months of leave includes any period of time for actual disability caused by the employee's pregnancy, childbirth, or related medical condition. This includes leave for severe morning sickness and for prenatal care.

Leave does not need to be taken in one continuous period of time and may be taken intermittently, as needed. Leave may be taken in increments of eight hours.

Under most circumstances, upon submission of a medical certification that an employee is able to return to work from a pregnancy disability leave, an employee will be reinstated to active status for further assignments. An employee returning from a pregnancy disability leave has no greater right to reinstatement than if the employee had been continuously employed.



Benefits

Workers' Compensation

PRG Insurance Recruiters, in accordance with state law, provides insurance coverage for employees in case of work-related injury. The workers' compensation benefits provided to injured employees may include:

- Medical care;
- Cash benefits, tax free, to replace lost wages; and
- Assistance to help qualified injured employees return to suitable employment.

To ensure that you receive any workers' compensation benefits to which you may be entitled, you will need to:

- Immediately report any work-related injury to your Company representative;
- Seek medical treatment and follow-up care if required;
- Complete a written *Employee's Claim for Workers Compensation Benefits* (DWC Form 1) and return it to your Company representative; and
- Provide the Company with a certification from your health care provider regarding the need for workers' compensation disability leave, as well as your eventual ability to return to work from the leave.

Upon submission of a medical certification that an employee is able to return to work after a workers' compensation leave, the employee under most circumstances will be reinstated to his or her same position held at the time the leave began, or to an equivalent position, if available. An employee returning from a workers' compensation leave has no greater right to reinstatement than if the employee had been continuously employed rather than on leave. For example, if the employee on workers' compensation leave would have been laid off had he or she not gone on leave, or if the employee's position has been eliminated or filled in order to avoid undermining the Company's ability to operate safely and efficiently during the leave, and no equivalent or comparable positions are available, then the employee would not be entitled to reinstatement.

An employee's return depends on his or her qualifications for any existing openings. If, after returning from a workers' compensation disability leave, an employee is unable to perform the essential functions of his or her job because of a physical or mental disability, the Company's obligations to the employee may include reasonable accommodation, as governed by the Americans with Disabilities Act.

The law requires PRG Insurance Recruiters to notify the workers' compensation insurance company of any concerns of false or fraudulent claims.

Post Injury will require a drug test.

Insurance Benefits

Disability Insurance

Each employee contributes through payroll tax to California's state disability insurance programs. Disability insurance is mandated by the California Unemployment Insurance Code and administered by the Employment Development Department. Disability insurance is payable when you cannot work because of illness or injury not caused by employment at the Company. An additional tax funds the state's Paid Family Leave program, and provides partial wage replacement for absences related to care of a family member, or bonding with a new child.

Unemployment Compensation

PRG Insurance Recruiters contributes to the California Unemployment Insurance Fund on behalf of its employees. Once completing an assignment, you have the right to file for unemployment insurance benefits. Contact your PRG Insurance Recruiters representative to inquire about new assignments.

Social Security

Social Security is an important part of every employee's retirement benefit. PRG Insurance Recruiters pays a matching contribution to each employee's Social Security taxes.

Workers' Compensation

You are protected by the Company's workers' compensation insurance policy while employed by PRG Insurance Recruiters, at no cost to you. The policy covers you in case of occupational injury or illness.



Employee Conduct

Punctuality and Attendance

As an employee of PRG Insurance Recruiters, you are expected to be punctual and regular in attendance. Any tardiness or absence causes problems for your fellow employees and your supervisor. When you are absent, your assigned work must be performed by others.

Employees are expected to report to work as scheduled, on time, and prepared to start work. Employees also are expected to remain at work for their entire work schedule, except for meal periods or when required to leave on authorized Company business. Late arrival, early departure, or other unanticipated and unapproved absences from scheduled hours are disruptive and must be avoided.

If you are unable to report for work on any particular day, you call your Company representative and the supervisor at your assignment at least one hour before the time you are scheduled to begin working for that day. When calling PRG Insurance Recruiters it is ok to leave a message on the main voicemail, make sure to include your name, position, company, and supervisor of your assignment. When calling the supervisor at the assignment make every effort to talk to someone instead of leaving a message on a voicemail. Employees also must inform the Company representative and supervisor of the expected duration of any absence. Excessive absenteeism or tardiness, whether excused or not, will not be tolerated.

If you are unable to complete your assignment you must contact your Company representative immediately. A two to three days notice to refill your assignment would be appreciated and may reflect on further assignments. If the supervisor informs you of either an early completion or extended assignment, contact your Company representative.

If you need to take time off or make adjustments to your schedule you should contact your Company representative and the supervisor at the assignment.

If you fail to report for work without any notification to your supervisor and your absence continues for a period of three days, PRG Insurance Recruiters will consider that you have voluntarily abandoned or quit your employment.

Prohibited Conduct

Employees are expected to conduct themselves in a manner to further the Company's objectives.

The following conduct is prohibited and will not be tolerated by PRG Insurance Recruiters. This list of prohibited conduct is illustrative only; other types of conduct that threaten security, personal safety, employee welfare and Company operations also may be prohibited and will result in disciplinary action up to and including termination.

- Falsifying employment records, employment information, or other Company records (note that employment information includes Social Security Numbers and any other documents used to verify identity and ability to work in the United States);

- Recording the work time of another employee or allowing any other employee to record your work time, or falsifying any time card, either your own or another employee's;
- Inefficient or careless performance of job responsibilities or inability to perform job duties satisfactorily;
- Theft and deliberate or careless damage or destruction of any Company property, or the property of any employee or customer;
- Removing or borrowing Company property without prior authorization;
- Unauthorized use or misuse of Company equipment, time, materials, or facilities;
- Provoking a fight or fighting during working hours or on Company property;
- Participating in horseplay or practical jokes on Company time or on Company premises;
- Carrying firearms or any other dangerous weapons on Company premises at any time;
- Engaging in criminal conduct whether or not related to job performance;
- Causing, creating, or participating in a disruption of any kind during working hours on Company property;
- Insubordination, including but not limited to failure or refusal to obey the orders or instructions of a supervisor or member of management, or the use of abusive or threatening language toward a supervisor or member of management;
- Using abusive, threatening or intimidating language at any time on Company's time or on premises;
- Failing to notify a supervisor when unable to report to work;
- Unreported absence of three consecutive days;
- Failing to obtain permission to leave work for any reason during normal working hours;
- Failing to observe working schedules, including rest and lunch periods;
- Failing to provide a physician's certificate when requested or required to do so;
- Sleeping or malingering on the job;
- Working overtime without authorization or refusing to work assigned overtime;
- Violation of dress standards;
- Violating any safety, health, security or Company policy, rule, procedure or violation of the Company's drug and alcohol policy;
- Committing a fraudulent act or a breach of trust under any circumstances;
- Committing of or involvement in any act of unlawful harassment of another individual; and
- Failing to promptly report work-related injury or illness.

This statement of prohibited conduct does not alter the Company's policy of at-will employment. Either you or PRG Insurance Recruiters remain free to terminate the employment relationship at any time, with or without reason or advance notice.

Drug and Alcohol Abuse

PRG Insurance Recruiters is concerned about the use of alcohol, illegal drugs, or controlled substances as it affects the workplace. Use of these substances, whether on or off the job can detract from an employee's work performance, efficiency, safety, and health, and therefore seriously impair the employee's value to the Company. In addition, the use or possession of these substances on the job constitutes a potential danger to the welfare and safety of other employees and exposes the Company to the risks of property loss or damage, or injury to other persons.

Furthermore, the use of prescription drugs and/or over-the-counter drugs also may affect an employee's job performance and may seriously impair the employee's value to the Company.

The following rules and standards of conduct apply to all employees either on Company property or during the workday (including meals and rest periods). Behavior that violates Company policy includes:

- Possession or use of an illegal or controlled substance, or being under the influence of an illegal or controlled substance while on the job;
- Driving a Company vehicle while under the influence of alcohol; and
- Distribution, sale, or purchase of an illegal or controlled substance while on the job.

Violation of these rules and standards of conduct will not be tolerated. PRG Insurance Recruiters also may bring the matter to the attention of appropriate law enforcement authorities.

In order to enforce this policy, PRG Insurance Recruiters reserves the right to conduct searches of Company property or employees and/or their personal property, and to implement other measures necessary to deter and detect abuse of this policy.

Any employee who is using prescription or over-the-counter drugs that may impair the employee's ability to safely perform the job, or affect the safety or well-being of others, must notify your Company representative of such use immediately before starting or resuming work.

Payment of Wages

Weekly Payments

All employees of PRG Insurance Recruiters are paid on Friday for work performed during the previous one-week pay period. Paychecks are available Friday mornings by 9:00 am. If you need to pick up your paycheck, call your Company representative by Tuesday morning. Paychecks are normally mailed by Wednesday.

If you observe an error on your check, please report it immediately to your Company representative.

Direct Deposit

PRG Insurance Recruiters offers automatic payroll deposit for employees. You may begin and stop automatic payroll deposit at any time. To begin automatic payroll deposit, you must complete a form and return it to your Company representative at least 10 days before the pay period for which you would like the service to begin. You should carefully monitor your payroll deposit statements for the first two pay periods after the service begins.

To stop automatic payroll deposit, complete the form and return it to your Company representative at least 10 days before the pay period for which you would like the service to end. You will receive a regular payroll check on the first pay period after the receipt of the form, provided it is received no later than 10 days before the end of the pay period.

Dress Code and Other Personal Standards

Because each employee is a representative of PRG Insurance Recruiters in the eyes of the public, each employee must report to work properly groomed and wearing appropriate clothing. Employees are expected to dress neatly and in a manner consistent with the nature of the work performed. Employees who report to work inappropriately dressed may be asked to clock out and return in acceptable attire.

Your Company representative will inform you whether the dress code for each assignment is professional, business casual or casual attire before you begin an assignment.



Wages

Timekeeping Requirements

All nonexempt employees are required to use a timesheet to record time worked for payroll purposes. All time worked must be accurately reported on your timesheet.

Employees must record their own time at the start and at the end of each work period. Employees must record the start and end of the meal period. The supervisor at the assignment must sign your timesheet prior to faxing it to the office.

Employees are not allowed to work “off the clock.” Working off the clock violates company policy.

Your timesheet is due weekly. At the weekly completion of your assignment fax your timesheet to the office. The deadline to turn in your timesheet and get paid the following week is Monday at 12:00 noon. If Monday is a holiday, fax your timesheet by Friday. If you are unable to fax your timesheet by the deadline, call your Company representative to make other arrangement.

Any handwritten marks or changes on the timecard must be initialed by a supervisor. Recording time on another employee’s timecard, allowing another employee to record time on your timecard, or altering a timecard is not permissible and is subject to disciplinary action.

Employees will be required to certify that their time record is accurate. Any errors on your timecard should be reported immediately to your Company representative.

Please also refer to PRG Insurance Recruiter’s Meal and Rest Break Policy.

Meal and Rest Periods

Rest Breaks

All nonexempt employees are entitled to rest break periods during their workday. If you are a nonexempt employee, you will be paid for all such break periods, and you will not clock out. You are required to remain on the work premises during your rest break(s). You are expected to return to work promptly at the end of any rest break.

Number of Rest Breaks

You will be authorized and permitted one (1) 10-minute net rest break for every four (4) hours you work (or major fraction thereof, which is defined as any amount of time over two [2] hours). A rest break need not be authorized for employees whose total daily work time is less than three and one half (3.5) hours.

If you work a shift from three and one-half (3.5) to six (6) hours in length you will be entitled to one (1) ten-minute rest break. If you work more than six (6) hours and up to 10 hours, you will be entitled to two (2) ten-minute rest breaks. If you work more than 10 hours and up to 14 hours, you will be

entitled to three (3) ten-minute rest breaks.

Timing of Rest Breaks

You are authorized and permitted to take a rest break in the middle of each four hour work period. From time to time there may be practical considerations that make this general timing infeasible and require to deviate from this general rule.

Meal Period

All nonexempt employees will be provided an uninterrupted unpaid meal period of at least 30 minutes if you work more than five (5) hours in a workday. You must clock out for your meal period. You will be permitted a reasonable opportunity to take this meal period, and you will be relieved of all duty. During your meal period, you are free to come and go as you please and are free to leave the premises. You are expected to return to work promptly at the end of any meal period.

If your total work period for the day is more than five hours per day but no more than six hours, you may waive the meal period. This cannot be done without the mutual consent of you and your supervisor.

Timing of Meal Period

Your meal period will be provided no later than the end of your fifth hour of work. For example, if you begin work at 8:00 a.m., you must start your meal period by 12:59 p.m. (which is before the end of your fifth hour of work).

Second Meal Period

If you work more than 10 hours in a day, you will be provided a second, unpaid meal period of at least 30 minutes. Again, you must clock out for your meal period. You will be permitted a reasonable opportunity to take this meal period, and you will be relieved of all duty. There will be no control over your activities during your meal period. During your meal period, you are free to leave the premises and are free to come and go as you please. You are expected to return to work promptly at the end of any meal period.

Depending on the circumstances, you may be able to waive your second meal period if you took the first meal period and if your total hours worked for the day is no more than twelve hours. This cannot be done without the mutual consent of you and your supervisor.

Timing of Second Meal Period

This second meal period will be provided no later than the end of your 10th hour of work. For example, if you begin work at 8:00 a.m., you must start your second meal period by 5:59 p.m. (which is before the end of your tenth hour of work).

Recording Meal Periods

You must clock out for any meal period and record the start and end of the meal period. Employees are not allowed to work “off the clock.” All work time must be accurately reported on your time record.

If for any reason you are not provided a meal period in accordance with our policy, or if you are in any way discouraged or impeded from taking your meal period or from taking the full amount of time allotted to you, please immediately notify your Company representative.

Anytime you miss a meal period that was provided to you (or you work any portion of a provided meal period), you will be required to report to your Company representative and document the reason for the missed meal period or time worked.

Please also refer to PRG Insurance Recruiters' Timekeeping Policy.

Work Schedules

Your Company representative will assign your initial start date and time for the assignment. Your supervisor will assign your individual work schedule. All employees are expected to be at their desks or workstations at the start of their scheduled shifts, ready to work.

If you need to modify your schedule, notify your supervisor and your Company representative, who may authorize if possible. Modification to work schedule will not be approved for the mere convenience of an employee or if the exchange interferes with normal operations or results in excessive overtime.

The workweek begins on Monday and ends on Sunday.

Overtime for Non-Exempt Employees

Employees may be required to work overtime as necessary. Only actual hours worked in a given workday or workweek can apply in calculating overtime. All overtime work must be previously authorized by your supervisor and your Company representative. PRG Insurance Recruiters provides compensation for all overtime hours worked by non-exempt employees in accordance with state and federal law as follows:

- All hours worked in excess of eight hours in one workday or 40 hours in one workweek will be treated as overtime. A workday begins at 12:01 a.m. and ends at midnight 24 hours later. Workweeks begin each Sunday at 12:01 am;
- Compensation for hours in excess of 40 for the workweek, or in excess of eight and not more than 12 for the workday, and for the first eight hours on the seventh consecutive day of work in one workweek, shall be paid at a rate one and one-half times the employee's regular rate of pay;
- Compensation for hours in excess of 12 in one workday and in excess of eight on the seventh consecutive workday in a workweek shall be paid at double the regular rate of pay; and
- Exempt employees may have to work hours beyond their normal schedules as work demands require. No overtime compensation will be paid to exempt employees.

Makeup Time

PRG Insurance Recruiters allows the use of makeup time when non-exempt employees need time off to tend to personal obligations. Makeup time worked will not be paid at an overtime rate.

Employees may take time off and then make up the time later in the same workweek, or may work extra hours earlier in the workweek to make up for time that will be taken off later in the workweek.

Makeup time requests must be submitted in writing to your supervisor, with your signature and faxed in with your weekly timesheets. Requests will be considered for approval based on the legitimate business needs of the Company at the time the request is submitted. A separate written request is required for each occasion the employee requests makeup time.

All makeup time must be worked in the same workweek as the time taken off. The Company's seven-day workweek is Monday through Sunday. Employees may not work more than 11 hours in a day or 40 hours in a workweek as a result of making up time that was or would be lost due to a personal obligation.

If you take time off and are unable to work the scheduled makeup time for any reason, the hours missed will normally be unpaid. If you work makeup time in advance of time you plan to take off, you must take that time off, even if you no longer need the time off for any reason.

An employee's use of makeup time is completely voluntary. PRG Insurance Recruiters does not encourage, discourage, or solicit the use of makeup time.



Safety and Health

Workplace Violence

PRG Insurance Recruiters has adopted the following workplace violence policy to ensure a safe working environment for all employees.

The Company has zero tolerance for acts of violence and threats of violence. Without exception, acts and threats of violence are not permitted. All such acts and threats, even those made in apparent jest, will be taken seriously, and will lead to discipline up to and including termination.

Possession of non-work related weapons on Company premises and at Company-sponsored events shall constitute a threat of violence.

It is every employee's responsibility to assist in establishing and maintaining a violence-free work environment. Therefore, each employee is expected and encouraged to report any incident which may be threatening to you or your co-workers or any event which you reasonably believe is threatening or violent. You may report an incident to any supervisor and your Company representative.

A threat includes, but is not limited to, any indication of intent to harm a person or damage Company property. Threats may be direct or indirect, and they may be communicated verbally or nonverbally. The following are examples of threats and acts that shall be considered violent – this list is in no way all-inclusive:

Example	Type of Threat
Saying, "Do you want to see your next birthday?"	Indirect
Writing, "Employees who kill their supervisors have the right idea."	Indirect
Saying, "I'm going to punch your lights out."	Direct
Making a hitting motion or obscene gesture	Nonverbal
Displaying weapons	Extreme
Stalking or otherwise forcing undue attention on someone, whether romantic or hostile	Extreme
Taking actions likely to cause bodily harm or property damage	Acts of violence

Recreational Activities and Programs

PRG Insurance Recruiters or its insurer will not be liable for payment of workers' compensation benefits for any injury that arises out of an employee's voluntary participation in any off-duty

recreational, social, or athletic activity that is not part of the employee's work-related duties.

Health and Safety

All employees are responsible for their own safety, as well as that of others in the workplace. To help us maintain a safe workplace, everyone must be safety-conscious at all times. Report all work-related injuries or illnesses immediately to your supervisor and to your Company Representative. In compliance with California law, and to promote the concept of a safe workplace, PRG Insurance Recruiters maintains an Injury and Illness Prevention Program. The Injury and Illness Prevention Program is available for review by employees and/or employee representatives in the Vice President of Operation's office.

In compliance with Proposition 65, PRG Insurance Recruiters will inform employees of any known exposure to a chemical known to cause cancer or reproductive toxicity.

Ergonomics

PRG Insurance Recruiters is subject to Cal/OSHA ergonomics standards for minimizing workplace repetitive motion injuries. The Company encourages safe and proper work procedures and requires all employees to follow safety instructions and guidelines.

PRG Insurance Recruiters believes that reduction of ergonomic risk is instrumental in maintaining an environment of personal safety and well-being, and is essential to our business. If you have any questions about ergonomics, please contact your Company's Representative.



Termination

Voluntary Resignation

Voluntary resignation results when an employee voluntarily quits his or her employment at PRG Insurance Recruiters, or fails to report to work for three consecutively scheduled workdays without notice to, or approval by, his or her supervisor. All Company-owned property, including vehicles, keys, uniforms, identification badges, and credit cards, must be returned immediately upon termination of employment.

Involuntary Termination and Discipline

Violation of PRG Insurance Recruiters policies and rules may warrant disciplinary action. The system is not formal and PRG Insurance Recruiters may, in its sole discretion, utilize whatever form of discipline is deemed appropriate under the circumstances, up to, and including, termination of employment. The Company's policy of discipline in no way limits or alters the at-will employment relationship.

Employee References

All requests for references must be directed to the Vice President of Operations in writing. By policy, PRG Insurance Recruiters discloses the dates of employment, the title of the last position held, and amount of salary last earned.



Acknowledgement of Employee Handbook

I have received my copy of the Company's employee handbook. I understand and agree that it is my responsibility to read and familiarize myself with the policies and procedures contained in the handbook.

I understand that except for employment at-will status, any and all policies or practices can be changed at any time by the Company. PRG Insurance Recruiters reserves the right to change my hours, wages, and working conditions at any time. I understand and agree that other than the President/CEO of PRG Insurance Recruiters, no manager, supervisor, or representative of the Company has authority to enter into any agreement, express or implied, for employment for any specific period of time, or to make any agreement for employment other than at-will; only the President/CEO has the authority to make any such agreement and then only in writing, signed by the President/CEO.

I understand and agree that nothing in the employee handbook creates or is intended to create a promise or representation of continued employment and that employment at PRG Insurance Recruiters is employment at-will; employment may be terminated at the will of either the Company or myself. My signature certifies that I understand that the foregoing agreement on at-will status is the sole and entire agreement between PRG Insurance Recruiters and myself concerning the duration of my employment and the circumstances under which my employment may be terminated. It supersedes all prior agreements, understandings, and representations concerning my employment with PRG Insurance Recruiters.

Employee's Signature _____

Employee's Printed Name _____

Date _____