

EMPLOYMENT LAW POSTER REQUIRED POSTER FOR 2010



(Actual Size: 27" x 39")

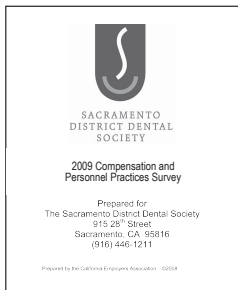
As an employer, you are required to place this **Federal & State Employment Law poster** in your office. **Posters meet current state & federal law posting requirements.** Revised 01/2010

SAMPLE EMPLOYEE HANDBOOK DEVELOPED & CREATED BY CEA



A business owner's sword & shield — **with 2010 updates!** \$85 for editable Employee Handbook on CD

STAFF SALARY & BENEFITS SURVEY ARE YOU IN THE BALLPARK?



See what other doctors' offices are doing in the **Sacramento & outlying areas!** This salary survey was conducted by the California Employers Association in **October 2009**. Two hundred local doctors participated **ANONYMOUSLY**. (They will receive a complimentary copy of the results.) As a member benefit, the results of this survey are available for **\$99**.

Compare current practices & policies, realign your benefits or just to get an idea of the "ballpark."
Topics include: staff benefits, salary ranges, alternative work week, paid vacation, 401-K.

Name: _____

Delivery Address*: _____

City/State/Zip: _____

*** Must be actual street address, UPS will not deliver to P.O. Box • Please allow 2 weeks for delivery.**

Telephone: (____)____-____ Email: _____

Employment Law Posters:

SDDS members: \$35.95 +s/h
Non-members: \$79.99 + s/h

Sample Employee Handbook:

SDDS members: \$85 +s/h
Non-members: \$170 + s/h

Salary Survey Results:

Participants FREE
SDDS members (dentist & DHP) \$99
SDDS Vendor Members \$249
Non-member: \$499

Employment Law Posters: _____ x (\$35.95 SDDS members / \$79.99 non-members) + Shipping & Handling (\$8.25 per item) = **Subtotal: \$** _____

Sample Employee Handbooks: _____ x (\$85 SDDS members / \$170 non-members) + Shipping & Handling (\$8.25 per item) = **Subtotal: \$** _____

Salary Survey Results: _____ x (FREE for participants / \$99 SDDS members / \$249 SDDS Vendor Members / \$499 non-members) = **Subtotal: \$** _____

Payment Method: Check Enclosed Visa MasterCard Bill Me **TOTAL ENCLOSED: \$** _____

Cardholder Name: _____ Exp. Date: ____/____/____

Card #: _____ Security Code (3-digit number on back of card): _____

Billing Address: _____

