



REQUIRED NOTICES ACKNOWLEDGEMENT FORM

I have received, reviewed and fully understand the following required notices (initial and sign):

_____ State Disability Insurance Provisions (DE 2515), California Disability Insurance program rights.

_____ Paid Family Leave (DE 2511), California Paid Family Leave program.

_____ Workers' Compensation Pamphlet

_____ Sexual Harassment Information Sheet

Employee
Signature _____

Date _____

Printed Name _____