

Employee Checklist

To our employees

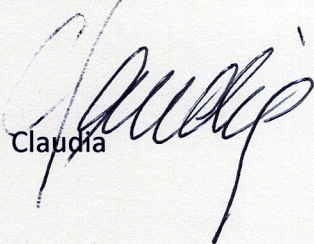
This packet contains the following information for you to complete, sign and return to the office:

- I-9
- W-4 Federal and state withholding fees
- DE-4 California Tax Withholding
- Worker's Compensation Information – Personal Chiropractor, Acupuncturist & Person Physician Designation Form
- Emergency Contact Form
- Company Drug & Alcohol Policy
- Company Safety Policy signed form
- Covid Plan

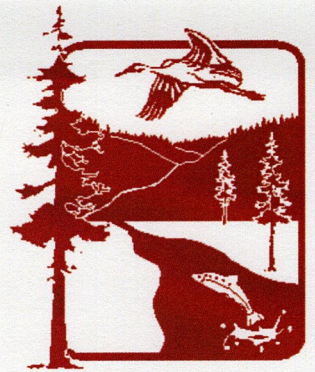
Additional required information – for your information

- Drug & Alcohol policy
- Worker's Compensation Time of Hire Pamphlet
- Sexual Harassment Pamphlet (DFEH-185P)
- EDD Disability Insurance Pamphlet (Form DE2515)
- Paid Family Leave Insurance Form (DE2511)
- New Health Insurance Marketplace Coverage Options (Form OMB No. 1210-0149)
- Rights of Victims of Domestic, Sexual Assault & Stalking
- Covid Information

If you have any questions, please feel free to contact me.
Work Safe!



Claudia



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