



Notice to Employee

California Labor Code section 2810.5

EMPLOYEE

Employee Name: _____ Start Date: _____

EMPLOYER

Legal Name of Hiring Employer: GEP CENCAST, LLC

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

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

Physical Address of Hiring Employer's Main Office: 300 E. Magnolia Blvd., 6th Floor, Burbank, CA 91502

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

Hiring Employer's Telephone Number: 818 - 562 - 2700

If the hiring employer is a staffing agency/business (above box checked "Yes"), the following is the other entity for whom this employee will perform work:

Name: various entertainment production companies _____

Physical Address of Main Office: various _____

Mailing Address: various _____

Telephone Number: various _____

WAGE INFORMATION

Hourly Rate of Pay: see below Overtime Rate(s) of Pay: (1.5x Reg.) _____ (2x Reg.) _____

- Non-union rate: Straight time rate is \$17.50/hr (\$18/hr effective 7/1/2025) except it is \$18.04/hr effective 7/1/2025 for Pasadena and \$19.65/hr in West Hollywood.
- Union rate: Production companies/studios may be signatory to SAG-AFTRA in which case SAG-AFTRA scale rates apply under various collective-bargaining agreements, as applicable.

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

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

Allowances, if any, claimed as part of minimum wage (including meal or lodging allowances): None/Not Applicable

(If the employee has signed the acknowledgment of receipt below, it does not constitute a "voluntary written agreement" as required under the law between the employer and employee in order to credit any meals or lodging against the minimum wage. Any such voluntary written agreement must be evidenced by a separate document.)

Regular Payday: see below Payroll Period/Week: Sunday (1st day) through Saturday (7th day)

- For union jobs: Thursday (but Friday on overnight locations) after the end of the prior payroll week (example, work performed during the week of Sun. 3/14/2021 – Sat. 3/20/2021 would be paid by next Thurs. 3/25 or Fri 3/26 depending if any overnight location work).
- For non-union jobs: Friday after the end of the prior payroll week (example, work performed during the week of Sun. 3/14/2021 – Sat. 3/20/2021 would be paid by next Fri. 3/26).

EMERGENCY OR DISASTER DISCLOSURES

(Employers complete this section if there is a state or federal emergency/disaster declaration applicable to the county or counties in California where the employee will work that was issued within 30 days before the employee's first day of employment which may affect their health and safety during employment. State the emergency/disaster declaration and how it may affect health or safety.)

IF THE CRITERIA FOR THIS SECTION IS MET, YOU WILL RECEIVE A SEPARATE SUPPLEMENTAL NOTIFICATION.

WORKERS' COMPENSATION

Insurance Carrier's Name: AIG Powered by Gallagher Bassett Services, Inc.

Address: PO Box 4210, Clinton, IA 52733

Telephone Number: 833 - 465 - 2499

Policy No.: WC 080772104

Self-insured (Labor Code 3700) and Certificate Number for Consent to Self-Insure: Not Applicable

PAID SICK LEAVE

Unless exempt, the employee identified on this notice is entitled to minimum requirements for paid sick leave under state law which provides that an employee:

- a. May accrue paid sick leave and may request and use up to 3 days or 24 hours (up to 5 days or 40 hours effective January 1, 2024) of accrued paid sick leave per year;
- b. May not be terminated or retaliated against for using or requesting the use of accrued paid sick leave; and
- c. Has the right to file a complaint against an employer who retaliates or discriminates against an employee for
 1. requesting or using accrued sick days;
 2. attempting to exercise the right to use accrued paid sick days;
 3. filing a complaint or alleging a violation of Article 1.5 section 245 et seq. of the California Labor Code;
 4. cooperating in an investigation or prosecution of an alleged violation of this Article or opposing any policy or practice or act that is prohibited by Article 1.5 section 245 et seq. of the California Labor Code.

The following applies to the employee identified on this notice: (Employer - Check one box)

1. Accrues paid sick leave only pursuant to the minimum requirements stated in Labor Code §245.5 et seq. with no other employer policy providing additional or different terms for accrual and use of paid sick leave.
2. Accrues paid sick leave pursuant to the employer's policy which satisfies or exceeds the accrual, carryover, and use requirements of Labor Code §246.
3. Employer provides no less than 24 hours or 3 days (40 hours or 5 days effective January 1, 2024) of paid sick leave at the beginning of each 12-month period.
4. The employee is exempt from paid sick leave protection by Labor Code §245.5. (State exemption and specific subsection for exemption): _____

ACKNOWLEDGMENT OF RECEIPT

PRINT NAME of Employer Representative

PRINT NAME of Employee

SIGNATURE of Employer Representative

SIGNATURE of Employee

Date

Date

The employee's signature on this notice merely constitutes acknowledgment of receipt.

Labor Code section 2810.5(b) requires that the employer notify you in writing of any changes to the information set forth in this Notice within seven calendar days after the time of changes, unless one of the following applies: (1) All changes are reflected on a timely wage statement furnished in accordance with Labor Code section 226; (b) Notice of all changes is provided in another writing required by law within seven days of the changes.