



## NOTICE OF HIRE – EMPLOYMENT STATUS AND ACKNOWLEDGEMENT OF WAGE RATE(S)

### Notice of Hire (Check only one)

At Hire       Current Employee       Annual–Current Date \_\_\_\_\_       Change in pay rate(s) or payday

Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Section 1

#### Employer

Company Name: \_\_\_\_\_  
DBA: \_\_\_\_\_  
Permanent Address: \_\_\_\_\_  
Street Line 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Mailing Address:  Same as Physical Address  
\_\_\_\_\_  
Street Line 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

#### Employee

Employee Name: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Mailing Address:  Same as Physical Address  
\_\_\_\_\_  
Street Line 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Section 2

#### Pay Frequency and Payday

Pay Frequency: \_\_\_\_\_ Designated Pay Day: \_\_\_\_\_  
(Weekly, bi-weekly, semi-monthly, monthly, etc.) (Day of week when wages are payable/available)

### Section 3

#### Allowances Claimed As Part of Wages: None, or:

Tips            \$ \_\_\_\_\_ per hour  
 Meals          \$ \_\_\_\_\_ per meal  
 Lodging        \$ \_\_\_\_\_ per \_\_\_\_\_  
 Other            \$ \_\_\_\_\_ per \_\_\_\_\_

### Section 4

#### Tipped Employees

As of January 1, 2005, the minimum wage required to be paid by any employer in the District of Columbia to any employee who receives gratuities shall be **\$2.77** an hour, provided that the employee actually receives gratuities in an amount at least equal to the difference between the hourly wage paid and the minimum wage. Also, all gratuities received by the employee must be retained by the employee. This employee (*will or will not*) participate in the following company tip pool:

**Tip Pool Policy:** (*Explain if applicable*)

**Section 5**

Basis of Wage Payment

- Minimum Wage**     **Living Wage**     **Living Wage Exempt**     **Employer Determined Wage Rate**

Pay Basis: \_\_\_\_\_ (hourly, shift, day, week, salary, piece, commission)

**Hourly**

**Multiple Rates or Basis (for each type of basis)**

Rate of Pay: \_\_\_\_\_ per hour

Overtime Rate of Pay\* \_\_\_\_\_ per hour

**Overtime Pay Exemption for bona fide**

**Administrative**

**Executive**

**Professional**

Rate of Pay: \_\_\_\_\_ per \_\_\_\_\_ Overtime Rate: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_ per \_\_\_\_\_ Overtime Rate: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_ per \_\_\_\_\_ Overtime Rate: \_\_\_\_\_

\*No employer shall employ any employee for a workweek that is longer than 40 hours, unless the employee receives compensation for employment in excess of 40 hours at a rate not less than 1 ½ times the regular rate at which the employee is employed.

**Section 6**

**Prevailing Rate (if Applicable)**

Prevailing Rate Jobs: Your rate of pay will be the posted rate for the classification(s) listed.

Classification 1: \_\_\_\_\_ Prevailing Rate: \_\_\_\_\_

Classification 2: \_\_\_\_\_ Prevailing Rate: \_\_\_\_\_

Classification 3: \_\_\_\_\_ Prevailing Rate: \_\_\_\_\_

**Section 7**

The Department of Employment Services, specifically the Office of Wage-Hour (OWH), is to be contacted as that office is the designated enforcement agency for the concerns about safety, wage and hour, or discrimination. The OWH can be contacted at 202-671-1880 or via e-mail at [owh.ask@dc.gov](mailto:owh.ask@dc.gov). The office is located at 4058 Minnesota Avenue, NE, Suite 4300 Washington, D.C. 20019. The office is open Monday –Thursday 8:30-4:30 and Friday 9:30-4:30.

**Section 8**

**Employee Acknowledgement:** By signing below, I acknowledge that I have received the foregoing information regarding my pay and my Employer. I told my employer what my primary language is:

Check one:

**English**

I have been given this pay notice in English.

**Other Language**

\_\_\_\_\_. I have been given this pay notice in English only, because Office of Wage-Hour does not yet offer a pay notice form in my primary language.

Employee's Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer's Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

The Department of Employment Services provides templates for several common types of pay agreements, including dual language notices and acknowledgements in English and Spanish. If any other languages are needed, please contact the Office of Wage-Hour at 202-671-1880. Employers may create their notices, use or adapt the notice provided by The Department of Employment Services, as long as:

- The required information appears in English and the employee's primary language
- The employee receives a copy
- The employee signs an acknowledgment of receipt and identifies their primary language to the employer
- The employer keeps a copy of the notice and acknowledgement form

The Instructional Guide of how to complete this notice is found below:

## **Instructional Guide**

### **Notice Given**

Indicate the reason the form is being provided to the employee.

### **Section 1**

#### **Employer and Employee**

Complete all fields.

### **Section 2**

#### **Pay Frequency and Pay Day**

Indicate the frequency (e.g., weekly, bi-weekly, etc.) for when regularly scheduled wage payments will be paid and also indicate the specific payday.

### **Section 3**

#### **Allowances Claimed as Part of Wages**

Indicate any allowances claimed as part of the minimum wage, including tips, meals, and/or lodging allowances.

### **Section 4**

#### **Tipped Employees**

This section provides tipped employees the required notice under § 32-1003(f).

**Note:** Employers should also provide the company's tip pool policy in this section or as an attachment.

## **Section 5**

### **Basis of Wage Payment**

Employer must specify whether the employee is paid minimum wage, living wage (or living wage exempt), or if the wage rate is an employer-determined rate above minimum wage.

Specify the basis as hour, shift, day, week, salary, piece, and/or commission.

Provide the actual rate for each type of basis the employee will be paid.

**Note:** Employers must also provide employees with their overtime rate for each basis paid or given notice that they are exempt from overtime. (Specify the reason for the exemption is for bona fide Administrative, Executive, or Professional)

## **Section 6**

### **Employees Paid Based on Prevailing Rates or other Jobs.**

Complete this section when the employee will be paid a prevailing wage rate such as those specified under the Davis Bacon Act or the Service Contract Act.

Employers must specify the classification(s) the employee will work and the related Wage Rate and any Fringe Benefit applicable. Also, explain any overtime rates that will be paid for the work performed over 40 hours in a work week under each prevailing rate.

## **Section 7**

According to WTPAA, information about how to contact the designated enforcement agency for concerns about safety, wage and hour, or discrimination is to be on this notice.

## **Section 8**

### **Employee Acknowledgement**

The employee must acknowledge that he/she has disclosed his/her primary language by checking one of the two boxes and that the employee has received the form by signing and dating the form.

**Note:** Employees have a right to receive this notice in a language other than English but only for those languages for which the DOES Office of Wage-Hour has developed its own dual-language notice. Notices will be available from Office of Wage-Hour in English and Spanish. If you need the forms translated in other languages, please contact our office at 202-671-1880.

If an employee refuses to sign the notice, an employer should still give the notice to the employee and note the employee's refusal on its copy of the notice.

# NOTICE TO EMPLOYEES

## Information on Paid Family Leave in the District of Columbia

Expanded benefits available October 2022

Your employer is subject to the District of Columbia's Paid Family Leave law, which provides covered employees paid time off from work for qualifying parental, family, medical, and prenatal events. For more information about the Paid Family Leave program, please visit the Office of Paid Family Leave's website at [dcpaidfamilyleave.dc.gov](https://dcpaidfamilyleave.dc.gov).

### Covered Workers

To receive benefits under the Paid Family Leave program, you must work for a covered employer in DC. To find out if you are a covered worker, you can ask your employer or contact the Office of Paid Family Leave using the contact information below. Your employer is required to tell you if you are covered by the Paid Family Leave program. Additionally, your employer is required to provide you information about the Paid Family Leave program at these three (3) times:

1. At the time you were hired;
2. At least once a year; and
3. If you ask your employer for leave that could qualify for benefits under the Paid Family Leave program.

### Covered Events

There are four (4) kinds of Paid Family Leave benefits:

1. Parental leave - receive benefits to bond with a new child for up to 12 weeks in a year;
2. Family leave - receive benefits to care for a family member for up to 12 weeks in a year;
3. Medical leave - receive benefits for your own serious health condition for up to 12 weeks in a year; and
4. Prenatal leave - receive benefits for prenatal medical care for up to 2 weeks in a year.

### Maximum Leave Entitlement

Each kind of leave has its own eligibility rules and its own limit on the length of time you can receive benefits in a year. The maximum amount of leave for any combination of parental, family, and medical leave is 12 weeks. However, there is an exception for pregnant women who take prenatal leave. Pregnant women are eligible for 2 weeks of prenatal leave while pregnant and 12 weeks of parental leave after giving birth, for a maximum of 14 weeks.

For more information about Paid Family Leave, please visit the Office of Paid Family Leave's website at [dcpaidfamilyleave.dc.gov](https://dcpaidfamilyleave.dc.gov), call 202-899-3700, or email [does.opfl@dc.gov](mailto:does.opfl@dc.gov).

### Applying for Benefits

If you have experienced an event that may qualify for benefits, be sure to apply no more than 30 days after your event. You can learn more about applying for benefits with the Office of Paid Family Leave at [dcpaidfamilyleave.dc.gov](https://dcpaidfamilyleave.dc.gov).

### Benefit Amounts

Paid Family Leave benefits are based on the wages your employer paid to you and reported to the Department of Employment Services. If you believe your wages were reported incorrectly, you have the right to provide proof of your correct wages. The current maximum weekly benefit amount is \$1,049.

### Employee Protection

The Office of Paid Family Leave does not administer any job protections for District workers who take leave from work. However, some job protections may be available under laws and regulations administered by the District's Office of Human Rights (OHR).

Under the Universal Paid Leave Act, the Office of Paid Family Leave is required to provide notice of the following:

1. That retaliation by a covered employer against a covered employee for requesting, applying for, or using paid-leave benefits is prohibited;
2. That an employee who works for a covered employer with under 20 employees shall not be entitled to job protection if he or she decides to take paid leave pursuant to this act; and
3. That employees have a right to file a complaint with OHR if they feel they have been retaliated against for requesting, applying for, or using paid leave.

For more information on OHR and job protections, please visit the following web address: [ohr.dc.gov](https://ohr.dc.gov).

# Protecting Pregnant Workers Fairness Act

- Fact Sheet for Employers and Employees -



## About the Law

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The Protecting Pregnant Workers Fairness Act (PPW) requires District of Columbia employers to provide reasonable workplace accommodations for employees whose ability to perform job duties is limited because of pregnancy, childbirth, breastfeeding, or a related medical condition. Individuals who believe they were denied a reasonable accommodation or treated unfairly in violation of PPW can file a complaint with the DC Office of Human Rights (OHR). If a violation is found, employers may be required to provide monetary or other relief to the employee.

## How to Request Accommodations

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An employee may request from their employer an accommodation(s)\* because of pregnancy, childbirth, breastfeeding or a related medical condition. Employers must make all reasonable accommodations\* that are advisable as determined by a healthcare provider. When requesting accommodations, the employer must engage in good faith and in a timely and interactive process with the employee to determine the accommodation(s). Accommodations can include:

- More frequent or longer breaks;
- Time off to recover from childbirth;
- Temporarily transferring the employee to a less strenuous or hazardous position;
- Purchasing or modifying work equipment, such as chairs;
- Temporarily restructuring the employee's position to provide light duty or a modified work schedule;
- Permitting the employee to refrain from heavy lifting;
- Relocating the employee's work area; or
- Providing private (non-bathroom) space for expressing breast milk.

## Prohibited Actions by Employers

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Employers may not:

- Refuse an accommodation unless it would cause significant hardship or expense to the business;
- Take adverse action against an employee for requesting an accommodation;
- Deny employment opportunities to the employee because of the request or need for an accommodation;
- Require an employee to take leave if a reasonable accommodation can be provided; or
- Require employees to accept an accommodation unless it's necessary for the employee to perform her job duties.

## Certification from Health Care Provider

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The employer may require an employee to provide certification from a health care provider indicating a reasonable accommodation is advisable. The certification must include: (1) the date the accommodation became or will become medically advisable; (2) an explanation of the medical condition and need for a reasonable accommodation; and (3) the probable length of time the accommodation should be provided.

## Filing a Complaint of an Alleged Violation

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If an employee believes an employer in the District has wrongfully denied them a reasonable accommodation or has discriminated against them because of their pregnancy, childbirth, need to breastfeed or a related medical condition, they can file a complaint within one year with the DC Office of Human Rights (OHR). Complaints can be filed:

- **Online** at [ohr.dc.gov](https://ohr.dc.gov); or
- **In-Person** at 441 4th Street NW, Suite 570N, Washington, DC 20001.

A case can also be initiated through the Department of Employment Services (DOES) Office of Wage and Hour Compliance by calling (202) 671-1880.

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\* A "reasonable accommodation" is one that does not require significant difficulty in the operation of the employer's business or significant expense for the employer, with consideration to factors such as the size of the business, its financial resources and the nature and structure of the business.

## **The Complaint Process**

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After the complaint questionnaire is submitted, OHR will schedule an intake interview with the employee to learn additional details related to the accommodation request or adverse action (assuming OHR determines jurisdictional requirements were met). If OHR accepts the case, it will hold a mandatory mediation with the employee and representative of the employer in an attempt to find a mutually agreeable resolution. If that fails, a full investigation will commence and be completed within six months of OHR's acceptance of the case, in most instances.

After the investigation, OHR will send a recommendation to an administrative law judge at DOES on whether a violation should be found. DOES will make the final determination and impose any penalties, if appropriate.

## **Employer Posting and Notification Requirements**

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Employers must:

- Post and maintain a PPW workplace poster in a place that is easily visible to employees;
- Provide notice of the law to all new employees; and
- Provide an employee a notice of the law within 10 days of an employee notifying them of their pregnancy or other condition addressed in the Act.

All notices must be posted and provided in English and Spanish, and a translated notice to be provided to any non-English or non-Spanish speaking employee.

## **Questions**

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Questions about the OHR complaint process or requirements under the law can be directed to OHR's office at 202.727.4559.