



**City of San Diego
Earned Sick Leave and Minimum Wage
Complaint Declaration Form**

FOR ENFORCEMENT OFFICE USE ONLY
BUS. CERT #: _____
DATE RECEIVED: _____
CASE #: _____

Part 1: Employee Information

Name:	Phone:	Date:
Email:	Mailing Address:	

What is your position or description of your duties (for example, driver, cook, etc.)?

Part 2: Employer Information

Business Name:	Manager/Owner Name:
Manager/Owner Email:	Business Address:

Work Address:	Date you began working for this employer?
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Are you still employed with this employer?	If not, what was your last day of work?	Why are you no longer working for this employer?
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Part 3: Complaint

Did you work at least 2 hours within the City of San Diego limits in any given week?	Claim period:
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Why are you submitting this complaint? (Select all that apply)

- I'm not currently being paid, or have not been paid, the required minimum wage (complete **Parts 4 and 6**)
- I'm not receiving earned sick leave as required by the Ordinance (complete **Parts 5 and 6**)
- I'm not being allowed to use earned sick leave (complete **Parts 5 and 6**)
- I have been subject to retaliation for exercising my rights under the Ordinance (complete **Part 6**)
- Required *Sick Leave* and/or *Minimum Wage Notices* are not posted by employer
- Employer to Employee Notice* has not been provided to me

Part 4: Wage Information

How are you paid? (cash, check, etc.)	How often are you paid? (weekly, monthly, etc.)
Do you have copies of all pay stubs for the claim period?	Do you have records of the hours worked?



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Part 5: Earned Sick Leave Information

How do you receive earned sick leave (ESL)?
 Accrual Method (1 hour of ESL for every 30 hours worked)
 Front Load Method (No less than 40 hours of ESL are awarded at beginning of the benefit year)
Paid Time Off Plan – you receive paid time off (vacation, leave, etc.) that you can use for the same purposes as earned sick leave
 Other, please specify method: _____
 Unknown

If you have a <i>Paid Time Off Plan</i> , please provide details of the plan including total number of paid time off hours received each year, maximum usage per year, etc. and include a copy of your plan with your submittal.	How many total sick hours have you been paid for this benefit year?
If you have a Paid Time Off Plan, how many total paid time off hours have you used this benefit year?	

Part 6: Additional Information

Hourly wage received for claim period:	Are you aware of other employees at your work location who have similar complaints? If yes, list their names and contact information:
Have you filed a claim related to this matter with any other Public Agency or a right of action in court?	

Regular work schedule with hours typically worked per day/week:
 Monday: _____ Friday: _____
 Tuesday: _____ Saturday: _____
 Wednesday: _____ Sunday: _____
 Thursday: _____ Total number of hours typically worked per week: _____

If you do not have a regular work schedule each week, how many hours per week do you work, on average?	Is there a union contract covering your employment?
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Has your employer ever retaliated against you or another employee for raising issues about pay or earned sick leave? If yes, please provide a description of what happened.

Please attach all documentation/evidence that supports your claim and/or would be helpful in the review. Use additional pages if needed.

I certify that the information I have provided above is true and correct to the best of my knowledge.

Signature: _____ Date: _____