

# SEXUAL HARASSMENT

## FACT SHEET



Sexual harassment is a form of discrimination based on sex/gender (including pregnancy, childbirth, or related medical conditions), gender identity, gender expression, or sexual orientation. Individuals of any gender can be the target of sexual harassment. Unlawful sexual harassment does not have to be motivated by sexual desire. Sexual harassment may involve harassment of a person of the same gender as the harasser, regardless of either person's sexual orientation or gender identity.

## THERE ARE TWO TYPES OF SEXUAL HARASSMENT

1. **"Quid pro quo"** (Latin for "this for that") sexual harassment is when someone conditions a job, promotion, or other work benefit on your submission to sexual advances or other conduct based on sex.
2. **"Hostile work environment"** sexual harassment occurs when unwelcome comments or conduct based on sex unreasonably interferes with your work performance or creates an intimidating, hostile, or offensive work environment. You may experience sexual harassment even if the offensive conduct was not aimed directly at you.

The harassment must be severe or pervasive to be unlawful. A single act of harassment may be sufficiently severe to be unlawful.

## SEXUAL HARASSMENT INCLUDES MANY FORMS OF OFFENSIVE BEHAVIORS

BEHAVIORS THAT MAY BE SEXUAL HARASSMENT:

1. Unwanted sexual advances
2. Offering employment benefits in exchange for sexual favors
3. Leering; gestures; or displaying sexually suggestive objects, pictures, cartoons, or posters
4. Derogatory comments, epithets, slurs, or jokes
5. Graphic comments, sexually degrading words, or suggestive or obscene messages or invitations
6. Physical touching or assault, as well as impeding or blocking movements

Actual or threatened retaliation for rejecting advances or complaining about harassment is also unlawful.

Employees or job applicants who believe that they have been sexually harassed or retaliated against may file a complaint of discrimination with DFEH within three years of the last act of harassment or retaliation.

DFEH serves as a neutral fact-finder and attempts to help the parties voluntarily resolve disputes. If DFEH finds sufficient evidence to establish that discrimination occurred and settlement efforts fail, the Department may file a civil complaint in state or federal court to address the causes of the discrimination and on behalf of the complaining party. DFEH may seek court orders changing the employer's policies and practices, punitive damages, and attorney's fees and costs if it prevails in litigation. Employees can also pursue the matter through a private lawsuit in civil court after a complaint has been filed with DFEH and a Right-to-Sue Notice has been issued.

## EMPLOYER RESPONSIBILITY & LIABILITY

All employers, regardless of the number of employees, are covered by the harassment provisions of California law. Employers are liable for harassment by their supervisors or agents. All harassers, including both supervisory and non-supervisory personnel, may be held personally liable for harassment or for aiding and abetting harassment. The law requires employers to take reasonable steps to prevent harassment. If an employer fails to take such steps, that employer can be held liable for the harassment. In addition, an employer may be liable for the harassment by a non-employee (for example, a client or customer) of an employee, applicant, or person providing services for the employer. An employer will only be liable for this form of harassment if it knew or should have known of the harassment, and failed to take immediate and appropriate corrective action.

Employers have an affirmative duty to take reasonable steps to prevent and promptly correct discriminatory and harassing conduct, and to create a workplace free of harassment.

A program to eliminate sexual harassment from the workplace is not only required by law, but it is the most practical way for an employer to avoid or limit liability if harassment occurs.

## DI Office Locations and Mailing Addresses

Chico .....	645 Salem Street (PO Box 8190, Chico, CA 95927-8190)
Chino Hills ...	15315 Fairfield Ranch Road, Ste. 100 (PO Box 60906, City of Industry, CA 91716-0096)
Fresno .....	2555 S. Elm Avenue (PO Box 32, Fresno, CA 93707-0032)
Long Beach ...	4300 Long Beach Blvd., Ste. 600 (PO Box 469, Long Beach, CA 90801-0469)
Los Angeles .....	888 S. Figueroa Street, Ste. 200 (PO Box 513096, Los Angeles, CA 90051-1096)
Oakland .....	7677 Oakport Street, Ste. 325 (PO Box 1857, Oakland, CA 94606-1857)
Sacramento .....	5009 Broadway (PO Box 13140, Sacramento, CA 95813-3140)
San Bernardino .....	371 West 3rd Street (PO Box 781, San Bernardino, CA 92402-0781)
San Diego ...	9246 Lightwave Avenue, Bldg. A, Ste. 300 (PO Box 120831, San Diego, CA 92112-0831)
San Francisco .....	745 Franklin Street, Rm. 300 (PO Box 193534, San Francisco, CA 94119-3534)
San Jose .....	297 West Hedding Street (PO Box 637, San Jose, CA 95109-0637)
Santa Ana .....	2 MacArthur Place, Suite 400 (PO Box 1466, Santa Ana, CA 92702-1466)
Santa Barbara .....	128 East Ortega Street (PO Box 1529, Santa Barbara, CA 93102-1529)
Santa Rosa .....	606 Healdsburg Avenue (PO Box 700, Santa Rosa, CA 95402-0700)
Stockton .....	3127 Transworld Dr., Ste. 150 (PO Box 201006, Stockton, CA 95201-4006)
California State Government Employees	(PO Box 2166, Stockton, CA 95201-2166)
Van Nuys .....	15400 Sherman Way, Rm. 500 (PO Box 10402, Van Nuys, CA 91410-4402)



STATE OF CALIFORNIA

LABOR AND WORKFORCE DEVELOPMENT AGENCY

EMPLOYMENT DEVELOPMENT DEPARTMENT

*This pamphlet is for general information only,  
and does not have the force and effect of the law,  
rule or regulation.*

The EDD is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Requests for services, aids, and/or alternate formats need to be made by calling DI at 1-866-490-8879. TTY users, please call the California Relay Service at 711.

Employment  
Development  
Department  
State of California

# DISABILITY INSURANCE PROVISIONS

**Disability** is an illness or injury, either physical or mental, which prevents customary work. Disability includes elective surgery, pregnancy, childbirth, or related medical conditions.

**Disability Insurance (DI)** is a component of the State Disability Insurance (SDI) program, designed to partially replace wages lost due to a non-work-related disability (see "Other Programs," for job-related disabilities).

SDI contributions are paid by California workers covered by the SDI program. Contribution rates may vary from year to year. For current rates, visit [State Disability Insurance](http://State.Disability.Insurance) ([edd.ca.gov/disability](http://edd.ca.gov/disability)), or contact the Employment Development Department (EDD) DI customer service at 1-800-480-3287 or EDD employment tax customer service at 1-888-745-3886.

### DI Plans

- **State Plan.** The DI state plan is covered in this brochure.
- **Voluntary Plan (VP).** A private plan, which may be substituted for the State Plan. Voluntary Plans are established if the employer and majority of employees agree to do so. VP information and filing a claim is done through your employer. If you are covered by a VP, the provisions of this brochure may not apply to you. Obtain information about your coverage and file a VP claim through your employer.
- **Elective Coverage (EC).** Employers and self-employed persons, including general partners, may elect coverage under SDI. The method of computing benefits for EC participants is not the same as for mandatory rate payers. The cost of participating, which is set annually, can be obtained from your local EDD Employment Tax Customer Service Office.

EC claims are filed in the same manner as State Plan claims. However, there are differences in eligibility requirements from those listed in this pamphlet.

For additional information or to apply for coverage, contact the EDD DI customer service at 1-800-480-3287, the EDD employment tax customer service at 1-888-745-3886, or visit [State Disability Insurance](http://State.Disability.Insurance) ([edd.ca.gov/disability](http://edd.ca.gov/disability)).

### How to Claim State Plan Benefits

1. Use **SDI Online** to securely file for benefits or request a paper claim form online.
  - Online: [State Disability Insurance](http://State.Disability.Insurance) ([edd.ca.gov/disability](http://edd.ca.gov/disability)).
  - By phone: 1-800-480-3287.
  - By mail: EDD, Disability Insurance, PO Box 989777, West Sacramento, CA 95798-9777.
  - California state government employees covered by SDI should call 1-866-352-7675.
2. If filing through SDI Online, complete all required fields. SDI Online will provide a receipt number once the claim is submitted. If using a paper *Claim for Disability Insurance (DI) Benefits* (DE 2501) form, complete and sign Part A-Claimant's Statement. Print clearly, and verify your answers are complete and correct as errors delay payment.
3. Have your physician/practitioner complete the Part B - Physician/Practitioner's Certificate online or use the paper claim form. If filing online, your physician/practitioner will need your receipt number to complete the Part B - Physician/Practitioner's Certificate.

Usually a claim cannot begin more than seven days before you were examined by or under the care of a physician/practitioner. Certification may be made by a:

- Licensed medical or osteopathic physician and surgeon.
- Nurse practitioner.
- Physician assistant.
- Chiropractor.
- Dentist.
- Podiatrist.
- Optometrist.
- Designated psychologist.
- Authorized medical officer of a United States governmental facility.

Certification may also be made by a licensed nurse-midwife or licensed midwife for disabilities related to normal pregnancy or childbirth.

4. File online or submit your paper claim form within 49 days from the date your disability begins. If your claim is late, you may lose benefits unless your explanation of the delay is accepted as reasonable.

## How Benefits Are Paid

- If you are eligible to receive benefits, you have two payment options: by **EDD Debit Card™** through Bank of America, or by a **check**. You do not have to accept the EDD Debit Card. Please allow 7 to 10 days for delivery of checks in the mail.
- Most properly completed claims are processed within 14 days.
- The first seven days of your DI claim are a non-payable waiting period. If a claim is filed for the same or related cause or condition within 60 days of the initial claim, it will be processed as a continuation of the initial claim for which a waiting period was already served. There will not be a new waiting period in such cases.

Benefits are paid as quickly as possible after all eligibility information is received. If you meet all eligibility requirements, benefits will be authorized. If you are eligible for further benefits, you will be authorized for additional benefits electronically or sent a *Claim For Continued Disability Benefits* (DE 2500A) certification form for you to complete for the next benefit period. Usually these benefit periods are for two-week intervals. However, DI pays benefits based on daily eligibility within a seven-day calendar week. Partial weeks are paid at a daily rate. This rate is one-seventh of your weekly benefit amount. Please allow 10 days from the date you mail or electronically submit a certification for receipt of payment.

## How Your Benefit Rate is Determined

Benefit amounts are based on wages paid during a specific 12-month **base period**, determined by the date your claim begins. Consider when to start your claim since this may affect your weekly benefit rate, your maximum benefit amount, and the period of your benefit eligibility.

**Only base period wages** subject to the SDI contributions can be used in computing your benefits. To qualify, you must have earned at least \$300 during your base period. The month your claim begins determines which four consecutive quarters are used.

If your claim begins in:

- **January, February, or March, your base period is the 12 months ending last September 30.** (Example: A claim beginning February 14, 2021, uses a base period of October 1, 2019, through September 30, 2020.)
- **April, May, or June, your base period is the 12 months ending last December 31.** (Example: A claim beginning June 20, 2021, uses a base period of January 1, 2020, through December 31, 2020.)
- **July, August, or September, your base period is the 12 months ending last March 31.** (Example: A claim beginning September 27, 2021, uses a base period of April 1, 2020, through March 31, 2021.)
- **October, November, or December, your base period is the 12 months ending last June 30.** (Example: A claim beginning November 2, 2021, uses a base period of July 1, 2020, through June 30, 2021.)

**Exceptions:** If your claim is determined to be invalid, but you were unemployed and seeking work for 60 days or more in any quarter of your base period, you may be able to substitute wages paid in prior quarters.

You may be entitled to substitute wages paid in prior quarters to either validate your claim or increase your benefit amount, if during your base period you:

- Were in the military service.
- Received workers' compensation benefits.
- Did not work because of a labor dispute.

If your situation fits any of the above, include a letter and supporting documentation with your claim term.

**Wage Continuation.** Your DI benefits may be affected if your employer continues to pay you wages during your DI claim. DI benefits plus wages cannot exceed your regular weekly wage. (DI benefits are not affected by vacation pay you may receive.)

**Maximum Benefits.** The maximum benefit amount is 52 times the weekly rate, but not more than your total base period wages. Exception: For employers and self-employed individuals who elect SDI coverage, the maximum benefit amount is 39 times the weekly rate.

Additionally, benefits are payable only for a limited period to a resident in an alcoholic recovery home or drug-free residential facility that is both licensed and certified by the state in which the facility is located. However, disabilities related to or caused by acute or chronic alcoholism or drug abuse, being medically treated, do not have this limitation.

**Pregnancy.** As with any medical condition, your disability period begins the first day you are unable to do your regular or customary work. DI benefits are based on the period of time your physician/practitioner certifies you are unable to do your regular or customary work. Do not send in your claim for pregnancy-related DI benefits until the date your physician/practitioner certifies you are unable to work.

**Note:** For information on Paid Family Leave (PFL) bonding benefits, see the "Other Programs" section of this brochure.

## You May Not Be Eligible for Benefits

- If you are receiving Unemployment Insurance (UI) or PFL benefits.
- If you are not working or looking for work at the time your disability begins.
- If you are in custody due to conviction of a crime.
- If your full wages are paid.
- If you are receiving workers' compensation at a weekly rate equal to or greater than the DI rate. If workers' compensation benefits are paid at a lower rate than your DI rate, you may be paid the difference.
- For the amount of time a claim is late (without good cause).
- If you make a false statement or fail to report a material fact. (A 30 percent penalty may be assessed if benefits are overpaid because you willfully withheld a material fact or made a false statement.)
- If you fail to attend an independent medical examination when requested. (Fees for such examinations are paid by the EDD.)

The California Unemployment Insurance Code provides for penalties consisting of fines, imprisonment, and loss of benefit rights for fraud against the SDI program.

## Your Rights

- Know the reason and basis for any decision that affects your benefits.
- Appeal any decision about your eligibility for benefits. Appeals must be sent to the DI office in writing.
- Request an appeal hearing before an Administrative Law Judge (ALJ). You may further appeal the ALJ's decision to the California Unemployment Insurance Appeals Board and the courts.
- Privacy – all claim information will be kept confidential except for the purposes allowed by law.

## Your Obligations

- Complete your claim and other forms correctly and truthfully.
- Submit your claim and other forms according to time limits on forms. If your claim is submitted late and you believe you have a good reason for being late, you should include a written explanation of the reason(s) with the form.
- Contact DI if you do not understand a question or how to answer it.
- Include your name and claim identification number on letters to DI.

## Contact DI

- By phone at:
  - English 1-800-480-3267
  - Spanish 1-866-658-8846
- By **U.S. mail** addressed to PO Box 13140, Sacramento, CA 95813-3140. If you do not have a current claim, you may write to any DI office. **Note:** Do not mail claim forms to this PO Box.
- By **TTY** (for TTY users only) at 1-800-563-2441.
- **In person** by visiting any of the DI offices listed under "DI Office Locations."

## Other Programs

If you are injured on the job or become ill as a result of your occupation, notify your employer.

If you are able and available to work but unemployed, contact the UI program by visiting [Unemployment Insurance](http://UnemploymentInsurance.tedd.ca.gov/unemployment) ([tedd.ca.gov/unemployment](http://tedd.ca.gov/unemployment)) or by phone at 1-800-300-5616 (TTY 1-800-815-9387).

If you need help in finding work, job training, retraining, or other services in order to return to work, visit your local America's Job Center of California™ listed at [Service Locator](http://ServiceLocator.careeronestop.org/LocalHelp/service-locator.aspx) ([careeronestop.org/LocalHelp/service-locator.aspx](http://careeronestop.org/LocalHelp/service-locator.aspx)) or in the white pages of your phone directory.

If your disability is permanent or is expected to continue for a year or more, contact the U.S. [Social Security Administration](http://SocialSecurityAdministration.ssa.gov) ([ssa.gov](http://ssa.gov)) or by phone at 1-800-772-1213 (TTY 1-800-325-0778).

If you need time off work for a family leave, PFL provides benefits to:

- Care for a seriously ill family member (child, parent, parent-in-law, grandparent, grandchild, sibling, spouse, or registered domestic partner).
- Bond with a new child entering the family (through birth, adoption, or foster care placement).
- Participate in a qualifying event resulting from a family member's (spouse, registered domestic partner, parent, or child) military deployment to a foreign country.

Contact the EDD PFL program by visiting [State Disability Insurance](http://StateDisabilityInsurance.tedd.ca.gov/disability) ([tedd.ca.gov/disability](http://tedd.ca.gov/disability)), or by phone at 1-877-238-4373, or through the California Relay Service at 711.

**Note:** A PFL bonding claim form will be sent automatically with the final benefit payment to new mothers receiving DI benefits.

If you are a victim of a crime, contact the California Victim Compensation program: at 1-800-777-9229 (TTY 1-800-735-2929). You may also contact your county Victim/Witness Assistance Center.

**Questions about spousal or parental support** obligations should be directed to the district attorney's office for the county that issued the court order.

**Questions about child support** obligations should be directed to the Department of Child Support Services at 1-866-901-3212 (TTY 1-866-399-4096).





## About California Paid Family Leave

For many working Californians, finding time to be with a loved one when they need it most can be difficult. California's Paid Family Leave program was created for those moments that matter. Benefits are available to care for a seriously ill family member, to bond with a new child, or to participate in a qualifying military event.

## Fast Facts About California Paid Family Leave

- Provides up to eight weeks of partial wage replacement benefits to bond with a new child (either by birth, adoption, or foster care placement), to care for a seriously ill family member (child, parent, parent-in-law, grandparent, grandchild, sibling, spouse, or registered domestic partner), or to participate in a qualifying event resulting from a family member's (spouse, registered domestic partner, parent, or child) military deployment to a foreign country.
- Doesn't have to be taken all at once.
- Provides approximately 60 to 70 percent of your salary during your leave.
- Funded through your State Disability Insurance tax withholding, so you are most likely eligible if you've paid into State Disability Insurance (noted as "CASDI" on paystubs) or a qualifying voluntary plan in the past 5 to 18 months.
- To bond with a new child, leave can be taken anytime within the first 12 months of a child entering your family.
- Citizenship and immigration status do not affect eligibility.

## CALIFORNIA PAID FAMILY LEAVE

moments matter.

### Paid Family Leave:

Giving Californians the benefits they need to be there for the moments that matter.

English	1-877-238-4373
Spanish	1-877-379-3819
Cantonese	1-866-692-5595
Vietnamese	1-866-692-5596
Armenian	1-866-627-1567
Punjabi	1-866-627-1568
Tagalog	1-866-627-1569
TTY	1-800-445-1312

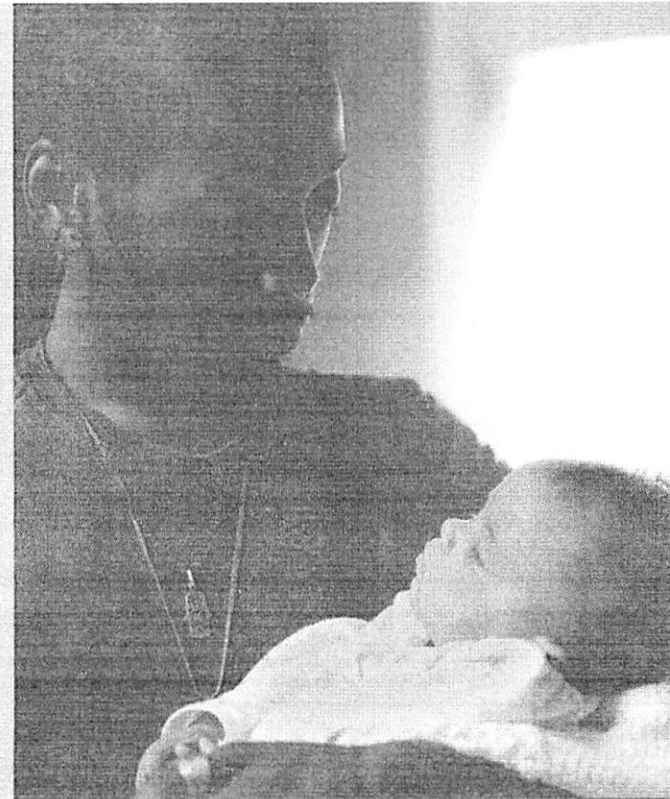
Individuals can also visit a Paid Family Leave or Disability Insurance office to obtain claim forms, receive information, or speak to a representative.

Visit a [State Disability Insurance office](http://edd.ca.gov/Disability/Contact_SDI.htm) ([edd.ca.gov/Disability/Contact\\_SDI.htm](http://edd.ca.gov/Disability/Contact_SDI.htm)) near you.



For more information, visit:  
[CaliforniaPaidFamilyLeave.com](http://CaliforniaPaidFamilyLeave.com)

The EDD is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Requests for services, aids, and/or alternate formats need to be made by calling 1-866-490-8879 (voice). TTY users, please call the California Relay Service at 711.



CALIFORNIA PAID FAMILY LEAVE

# Helping Californians be present for the moments that matter.



## Do I Qualify For California Paid Family Leave?

To qualify for Paid Family Leave benefits, you must meet the following requirements:

- Need to take time off from work to care for a seriously ill family member, to bond with a new child, or to participate in a qualifying military event.
- Be covered by State Disability Insurance (or a voluntary plan in lieu of State Disability Insurance).
- Have earned at least \$300 in the past 5 to 18 months.
- Submit your claim no later than 41 days after you begin your family leave. Do not file before your first day of leave.

If required by your employer, you must use up to two weeks of unused vacation leave or paid time off. Check with your human resources department to confirm your employer's requirements.

## How Are Benefit Amounts Calculated?

California Paid Family Leave provides approximately 60 to 70 percent of your weekly salary.

The benefit amount is calculated from your highest quarterly earnings over the past 5 to 18 months, before the start of your claim. The Employment Development Department (EDD) has an online calculator that can help you estimate your weekly benefit amount. Visit the [Disability Insurance and Paid Family Leave Calculator](http://edd.ca.gov/PFL_Calculator) ([edd.ca.gov/PFL\\_Calculator](http://edd.ca.gov/PFL_Calculator)) to estimate your benefit.

If you are found eligible to receive benefits, you have an option on how you receive your benefit payments: by the EDD Debit Card<sup>SM</sup> through Bank of America or by check, mailed from the EDD.



## Does Paid Family Leave Provide Job Protection?

California Paid Family Leave does not provide job protection or a right to return to work.

However, job protection may be provided under other laws such as the federal Family and Medical Leave Act, the California Family Rights Act, or the New Parent Leave Act (if you qualify).

Notify your employer of your plan to take leave and the reason for taking leave according to your company's policy.

## How Do I Apply For Benefits?

Apply for Paid Family Leave benefits by visiting [SDI Online](http://edd.ca.gov/SDI_Online) ([edd.ca.gov/SDI\\_Online](http://edd.ca.gov/SDI_Online)).

You may also apply using a paper form. Visit [EDD Forms and Publications](http://edd.ca.gov/Forms) ([edd.ca.gov/Forms](http://edd.ca.gov/Forms)) to request a *Claim for Paid Family Leave (PFL) Benefits* (DE 2501F) form.

For caregiving claims, you must provide medical certification showing that the care recipient has a serious health condition and requires your care. This needs to be completed by the care recipient's physician/practitioner. Information about the care recipient and their signature are also required.

For bonding claims, you must provide documentation showing proof of relationship between you and the child (e.g., a copy of the child's birth certificate, adoptive placement agreement, or foster care placement record).

If you are currently receiving pregnancy-related Disability Insurance benefits, it is not necessary to request a Paid Family Leave claim form. The form to file for bonding will be sent through your SDI Online account or by mail when your pregnancy-related disability claim ends.

For military assist claims, you must provide supporting military documentation (e.g., proof of covered active duty or call to covered active duty and documentation of the qualifying event).

If you are covered by a voluntary plan, contact your employer for information about your coverage and instructions on how to apply for benefits.

**If your claim is denied, you have the right to:**

- Know the reason for denial.
- Appeal decisions about your eligibility for benefits. Visit [Appeals](http://edd.ca.gov/Disability/Appeals.htm) ([edd.ca.gov/Disability/Appeals.htm](http://edd.ca.gov/Disability/Appeals.htm)) for information.

All claim information is confidential except for purposes allowed by law.



# SEXUAL HARASSMENT

## FACT SHEET



### CIVIL REMEDIES

- Damages for emotional distress from each employer or person in violation of the law
- Hiring or reinstatement
- Back pay or promotion
- Changes in the policies or practices of the employer

### ALL EMPLOYERS MUST TAKE THE FOLLOWING ACTIONS TO PREVENT HARASSMENT AND CORRECT IT WHEN IT OCCURS:

1. Distribute copies of this brochure or an alternative writing that complies with Government Code 12950. This pamphlet may be duplicated in any quantity.
2. Post a copy of the Department's employment poster entitled "California Law Prohibits Workplace Discrimination and Harassment."
3. Develop a harassment, discrimination, and retaliation prevention policy in accordance with 2 CCR 11023. The policy must:
  - Be in writing.
  - List all protected groups under the FEHA.
  - Indicate that the law prohibits coworkers and third parties, as well as supervisors and managers with whom the employee comes into contact, from engaging in prohibited harassment.
  - Create a complaint process that ensures confidentiality to the extent possible; a timely response; an impartial and timely investigation by qualified personnel; documentation and tracking for reasonable progress; appropriate options for remedial actions and resolutions; and timely closures.
  - Provide a complaint mechanism that does not require an employee to complain directly to their immediate supervisor. That complaint mechanism must include, but is not limited to including: provisions for direct communication, either orally or in writing, with a designated company representative; and/or a complaint hotline; and/or access to an ombudsperson; and/or identification of DFEH and the United States Equal Employment Opportunity Commission as additional avenues for employees to lodge complaints.
  - Instruct supervisors to report any complaints of misconduct to a designated company representative, such as a human resources manager, so that the company can try to resolve the claim internally. Employers with 50 or more employees are required to

include this as a topic in mandated sexual harassment prevention training (see 2 CCR 11024).

- Indicate that when the employer receives allegations of misconduct, it will conduct a fair, timely, and thorough investigation that provides all parties appropriate due process and reaches reasonable conclusions based on the evidence collected.
  - Make clear that employees shall not be retaliated against as a result of making a complaint or participating in an investigation.
4. Distribute its harassment, discrimination, and retaliation prevention policy by doing one or more of the following:
    - Printing the policy and providing a copy to employees with an acknowledgement form for employees to sign and return.
    - Sending the policy via email with an acknowledgment return form.
    - Posting the current version of the policy on a company intranet with a tracking system to ensure all employees have read and acknowledged receipt of the policy.
    - Discussing policies upon hire and/or during a new hire orientation session.
    - Using any other method that ensures employees received and understand the policy.
  5. If the employer's workforce at any facility or establishment contains ten percent or more of persons who speak a language other than English as their spoken language, that employer shall translate the harassment, discrimination, and retaliation policy into every language spoken by at least ten percent of the workforce.
  6. In addition, employers who do business in California and employ 5 or more part-time or full-time employees must provide at least one hour of training regarding the prevention of sexual harassment, including harassment based on gender identity, gender expression, and sexual orientation, to each non-supervisory employee; and two hours of such training to each supervisory employee. Training must be provided within six months of assumption of employment. Employees must be trained during calendar year 2020, and, after January 1, 2021, training must be provided again every two years. Please see Gov. Code 12950.1 and 2 CCR 11024 for further information.

### TO FILE A COMPLAINT

**Department of Fair Employment and Housing**  
dfeh.ca.gov  
Toll Free: 800.884.1684  
TTY: 800.700.2320

**EMPLOYERS MUST PROVIDE THIS INFORMATION TO NEW WORKERS  
WHEN HIRED AND TO OTHER WORKERS WHO ASK FOR IT**

**RIGHTS OF VICTIMS OF DOMESTIC VIOLENCE,  
SEXUAL ASSAULT, STALKING, CRIMES THAT  
CAUSE PHYSICAL INJURY OR MENTAL  
INJURY, AND CRIMES INVOLVING A THREAT  
OF PHYSICAL INJURY; AND OF PERSONS  
WHOSE IMMEDIATE FAMILY MEMBER IS  
DECEASED AS A DIRECT RESULT OF A CRIME**

***Your Right to Take Time Off:***

- You have the right to take time off from work to obtain relief from a court, including obtaining a restraining order, to protect you and your children's health, safety or welfare.
- If your company has 25 or more workers, you can take time off from work to get medical attention for injuries caused by crime or abuse, receive services from a domestic violence shelter, program, rape crisis center, or victim services organization or agency as a result of the crime or abuse, receive psychological counseling or mental health services related to an experience of crime or abuse, or participate in safety planning and take other actions to increase safety from future crime or abuse.
- You may use accrued paid sick leave or vacation, personal leave, or compensatory time off that is otherwise available for your leave unless you are covered by a union agreement that says something different. Even if you don't have paid leave, you still have the right to time off.
- In general, you don't have to give your employer proof to use leave for these reasons.
- If you can, you should tell your employer before you take time off. Even if you cannot tell your employer beforehand, your employer cannot discipline you if you give proof explaining the reason for your absence within a reasonable time. Proof can be a police report, a court order, a document from a licensed medical professional, a victim advocate, a licensed health care provider, or counselor showing that you were undergoing treatment for domestic violence related trauma, or a written statement signed by you, or an individual acting on your behalf, certifying that the absence is for an authorized purpose.

***Your Right to Reasonable Accommodation:***

- You have the right to ask your employer for help or changes in your workplace to make sure you are safe at work. Your employer must work with you to see what changes can be made. Changes in the workplace may include putting in locks, changing your shift or phone number, transferring or reassigning you, or help with keeping a record of what happened to you. Your employer can ask you for a signed statement certifying that your request is for a proper purpose, and may also request proof showing your need for an accommodation. Your employer cannot tell your coworkers or anyone else about your request.

***Your Right to Be Free from Retaliation and Discrimination:***

Your employer cannot treat you differently or fire you because:

- You are a victim of domestic violence, sexual assault, stalking, a crime that caused physical injury or mental injury, or a crime involving threat of physical injury; or are someone whose immediate family member is deceased as a direct result of a crime.
- You asked for leave time to get help.
- You asked your employer for help or changes in the workplace to make sure you are safe at work.

***You can file a complaint with the Labor Commissioner's Office against your employer if he/she retaliates or discriminates against you.***

For more information, contact the California Labor Commissioner's Office. We can help you by phone at 213-897-6595, or you can find a local office on our website: [www.dir.ca.gov/dlse/DistrictOffices.htm](http://www.dir.ca.gov/dlse/DistrictOffices.htm). If you do not speak English, we will provide an interpreter in your language at no cost to you. This Notice explains rights contained in California Labor Code sections 230 and 230.1. Employers may use this Notice or one substantially similar in content and clarity.

**Labor Commissioner's Office Victims of Domestic Violence, Sexual Assault and Stalking Notice**

**3/2021**



**LOS EMPLEADORES DEBEN DAR ESTA INFORMACIÓN A LOS TRABAJADORES NUEVOS CUANDO SON CONTRATADOS Y A AQUELLOS TRABAJADORES QUE LO SOLICITEN**

**DERECHOS DE LAS VÍCTIMAS DE VIOLENCIA DOMÉSTICA, AGRESIÓN SEXUAL, ACOSO, DELITOS QUE CAUSEN LESIÓN FÍSICA O LESIÓN MENTAL, Y DELITOS QUE INVOLUCREN UNA AMENAZA DE LESIÓN FÍSICA; Y DE PERSONAS CUYO FAMILIAR INMEDIATO FALLECIÓ COMO RESULTADO DIRECTO DE UN DELITO**

***Su Derecho de Ausentarse por un Tiempo:***

- Tiene derecho a tomar tiempo libre del trabajo para obtener alivio de un tribunal, incluyendo para obtener una orden de restricción, para proteger la salud y la seguridad o el bienestar de usted y de sus hijos.
- Si su compañía tiene 25 trabajadores o más, usted puede obtener un permiso para tomar tiempo libre del trabajo para recibir atención médica por lesiones causadas por delitos o abusos, recibir servicios de un refugio contra la violencia doméstica, programa, centro de crisis por violación, o organización o agencia de servicios para víctimas como resultado del delito o abuso, recibir asesoramiento psicológico o servicios de salud mental relacionados con una experiencia de delito o abuso, o participar en la planificación de la seguridad y tomar otras medidas para aumentar la seguridad contra futuros delitos o abusos.
- Puede usar tiempo libre disponible de vacaciones, enfermedad, personal, o compensatorio, a menos que esté bajo un acuerdo sindical que indique algo diferente. Incluso, aunque no tenga tiempo libre pagado disponible, tiene el derecho de ausentarse del trabajo.
- En general, no tiene que entregarle pruebas a su empleador para ausentarse por estas razones.
- Si puede, debería de avisarle a su empleador antes de ausentarse del trabajo. Incluso si no puede avisarle a su empleador de antemano, su empleador no puede disciplinarlo si usted presenta pruebas que expliquen el motivo de su ausencia dentro de un tiempo razonable. La prueba puede ser un informe policial, una orden judicial, un documento de un profesional médico autorizado, un defensor de víctimas, un proveedor de atención médica autorizado o un consejero que demuestre que estaba recibiendo tratamiento por un trauma relacionado con la violencia doméstica o una declaración escrita firmada por usted, o una persona que actúe en su nombre, certificando que la ausencia es para un propósito autorizado.

***Su Derecho a un Ajuste Razonable:***

- Tiene derecho a pedirle ayuda o cambios en su lugar de trabajo para asegurarse de que está seguro en el trabajo. Su empleador debe colaborar con usted para ver qué cambios se pueden hacer. Los cambios en el lugar de trabajo pueden incluir poner candados, cambiar su turno o número de teléfono, transferirlo o reasignarlo, o ayudar a mantener un registro de lo que le sucedió. Su empleador puede pedirle una declaración firmada para certificar que el motivo de su solicitud tiene un propósito adecuado, y también puede pedirle pruebas que demuestren su necesidad de hacer modificaciones. Su empleador no puede informarle a sus compañeros de trabajo ni a nadie más sobre su solicitud.

***Su Derecho a Ser Libre de Represalias y Discriminación:***

Su empleador no puede tratarlo diferente ni despedirlo porque:

- Es víctima de violencia doméstica, agresión sexual, acoso, un crimen que causó daño físico o daño mental, o un crimen que involucra amenaza de daño físico; o es alguien cuyo familiar inmediato ha fallecido como resultado directo de un delito.
- Solicitó un permiso para obtener asistencia por estos motivos.
- Pidió ayuda a su empleador o le pidió cambios en el lugar de trabajo para asegurarse de estar seguro en el trabajo.

***Puede presentar un reclamo contra su empleador ante la Oficina del Comisionado Laboral si él/ella toma represalias o lo discrimina.***

Para más información, comuníquese con la Oficina del Comisionado Laboral de California. Podemos ayudarle al número telefónico 213-897-6595 o puede buscar una oficina local en nuestra página web: [www.dir.ca.gov/dlse/DistrictOffices.htm](http://www.dir.ca.gov/dlse/DistrictOffices.htm). Le facilitaremos un intérprete en su idioma sin costo alguno en caso de que no hable inglés. Este aviso explica los derechos contenidos en las Secciones 230 y 230.1 del Código Laboral de California. Los empleadores pueden utilizar este aviso o alguno que se le parezca mucho en contenido y claridad.