

# Notice to Cure

*The following is a sample Notice to Cure that may be provided to Employers. To use this form, please fill out both pages and submit to the Employer. Remember to keep a copy of the Notice for yourself. The Employer has 15 calendar days from the receipt of this Notice to take action to cure the alleged violations. If the Employer fails to cure a violation or is not in the process of curing the violation by the end of the cure period, Employees may submit a complaint to the Office of Wage Standards or file a private civil action.*

I, \_\_\_\_\_, an Employee of the Employer, \_\_\_\_\_, allege that the Employer has violated the following provisions of the City of Los Angeles' Fair Work Week Ordinance (FWWO). Attached to this Notice is a Statement of Facts to support my allegations. This Notice was provided to the Employer on \_\_\_\_\_.

(Date)

*(Check all that apply)*

- Good Faith Estimate.** The Employer did not provide the new Employee a written Good Faith Estimate of the Employee's Work Schedule before hiring, or the Employer did not provide a current Employee an estimate within ten (10) days of the Employee's request.
- Rest Between Shifts.** The Employer required the Employee to work a Shift that starts less than ten (10) hours from their last Shift without their written consent and/or the Employee did not receive premium pay of time and a half for the Shift not separated by at least ten (10) hours.
- Coverage for Missing Shifts.** The Employer required the Employee find coverage for missing a Shift or partial Shift for reasons protected by law.
- Advance Notice of Work Schedule.** The Employee did not receive written notice of their Work Schedule at least 14 calendar days before the start of the Work Period, and/or the Employee was unable to decline any hours, Shifts, or work location changes made after the advance notice deadline.
- Scheduling Preferences.** The Employer did not provide Employee with written notification of the reason for the denial of requested preference for hours, times, or work locations.
- Additional Work Hours.** The Employer did not offer additional work hours to current Employees before hiring new workers.
- Predictability Pay.** The Employer did not provide Predictability Pay for Employer-initiated changes to Work Schedules made less than 14 days before the start of the Work Period. Subject to certain exceptions, Employees do not give up their right to Predictability Pay when they voluntarily agree to such changes.
- Retaliation.** The Employer retaliated against the Employee for exercising their rights under the FWWO.
- Other**

*This is a summary of certain provisions of the Fair Work Week Ordinance. For complete requirements of the FWWO, please refer to LAMC Ch. XVIII Art. 5 Sec. 185 and Art. 8 Sec. 188 or visit <https://wagesla.lacity.org> for more information.*

# Statement of Facts

Please answer the following questions and submit this form along with the Notice to Cure to your Employer.

These are the facts which will support the alleged violations of the FWWO by your Employer.

What is your job title and what are your job duties?	
Who is in charge of your work schedule?	
Describe what your Employer did that violated the provisions of the Fair Work Week Ordinance.	
What date(s) did these incident(s) occur?	
Where did these incident(s) occur? If you work at multiple locations for the Employer, please list all the locations at which the violations occurred.	

I hereby declare that the above made statements are true and correct to the best of my knowledge and belief.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_