



# Labor Law Compliance Series



## Visalia Chamber of Commerce & Pacific Employers

Want to help you



**Stop Harassment**

California Assembly Bill 1825 (AB 1825) requires California employers with 50 or more employees to provide all personnel who have \*"Supervisory Authority" a minimum of two hours of Sexual Harassment Prevention Training every two years. Training must include strategies for prevention and discuss remedies for victims of unlawful harassment.

Lamp Liter Inn • 3300 W. Mineral King Ave. • Visalia

2016 Schedule

7:30 a.m. - 10:00 a.m.

Jan. 21    April 27    July 27    Oct. 26

Circle which date you will be attending

*Registration & Breakfast 7:30 - 8:00 a.m., Seminar 8 - 10 a.m.*

The Visalia Chamber of Commerce, in cooperation with Pacific Employers, will present the state mandated Supervisors' Sexual Harassment Prevention Training Seminar & Workshop with full breakfast.

This morning training program will include information and practical guidance regarding federal and state sexual harassment laws, harassment prevention and correction as well as remedies available to victims. The training is "interactive," and includes opportunities for discussion, role-playing and a question and answer session led by a qualified trainer as required by AB 1825. While all employers with 50 or more employees (including temps and independent contractors) are mandated to provide supervisor training, all employers need to consider this requirement as the new mandate for all supervisors, no matter how many employees you have.

### ***RESERVATIONS REQUIRED***

**Pre-registration:** \$35 Members\* & \$50 Non-Members.

**At the Door:** \$45 for Members\* & \$55 for Non-Members.

**NON-REFUNDABLE IF NOT CANCELED OR TRANSFERRED AT LEAST 3 BUSINESS DAYS PRIOR TO SEMINAR.**

**Includes:** Full Breakfast, Training Seminar, Certificate, Forms & Guides.

\*Must be a member of Pacific Employers or the Visalia Chamber of Commerce

Mail registration to 222 N. Garden Ste.300, Visalia, CA 93291  
or fax registration to 559-734-7479.

Date of seminar: \_\_\_\_\_

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

Business Name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp: \_\_\_\_\_

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