



KNOW YOUR RIGHTS IN THE WORKPLACE

**NEW MEXICO & FEDERAL
PRINTABLE LABOR LAWS**

NEW MEXICO PRINTABLE LABOR LAW GUIDE

Thank you for choosing LaborLawCenter™ to meet compliance regulations for you and your remote workers!

This guide covers:

- Remote Worker Use
- Printing the Labor Law Posters
- Sending Customized Acknowledgment Agreements

How to Use

The mandated state and federal labor law posters that all employees must be informed of are located in this document. State poster names are in red and federal poster names are in blue.

Your remote workers can reference these laws anytime by saving the file to their desktop or printing the individual posters.

How to Print the Individual Notices

Located at the bottom, right-hand corner on each poster is the print icon. The required print size from the regulating agency is listed next to the icon. Click on the icon to open the 'Print' window and proceed.

Look For This Button

PRINT

Official Print Size - 8.5" x 11"
Compliance Ready - Do Not Scale

NOTE: Each notice is formatted according to state or federal regulations, such as font size, posting size, color and layout. To be in compliance when printing the posters, do not scale.

How to Customize and Send the Acknowledgment Agreement

The last page of this document includes a 'Signature Acknowledgment'. A signed acknowledgement agreement is important to keep in employee records to show that each remote worker has been informed of their rights in case of labor disputes or lawsuits.

Before sending to your remote worker, you must complete the "Comments" field with:

- The reply-to email address or addresses that the remote worker should send the signed acknowledgement to
- Additional information your business requires, such as the Employee Identification Number or where to post instructions

Note: Please ensure the document is opened in Adobe Acrobat, not your web browser, in order to complete the Acknowledgement Agreement

Each remote worker must complete the "Employee Name" and "Date Received" fields before sending back.

Fill In Comments

ACKNOWLEDGEMENT

I certify that I have received and read the contents of the Labor Laws.

Employee Name: _____

Date Received: _____

Signature of Recipient: _____

Comments:

SUBMIT ACKNOWLEDGEMENT

NOTE: Signed acknowledgments should be stored securely by the administrator. That agreement is the only electronic acknowledgment copy for your records. LaborLawCenter™ does not store or keep on file your records.

2 New Mexico Labor Laws



NEW MEXICO MINIMUM WAGE ACT EMPLOYEE RIGHTS



MINIMUM WAGE IN NEW MEXICO

\$12 *per hour* as of **January 1, 2023**

OVERTIME PAY

At least 1½ times your regular hourly rate of pay for all hours worked over 40 in a workweek.

TIPPED WORKERS

Employers must pay tipped employees an hourly rate of at least \$3 per hour. If the tips plus the hourly rate do not equal at least \$12 per hour, the employer must make up the difference. Tipped employees have a right to keep all of their tips. Tip pooling may only be among wait staff.

NO SEPARATE RATE FOR STUDENTS OR MINORS

These minimum wage rates apply to all employees regardless of their age or student status.

DAMAGES

Employers who violate the minimum wage or overtime requirements are required to pay impacted employees the full amount of their underpaid wages plus interest, plus an additional amount equal to twice the underpaid wages.

RETALIATION PROHIBITED

It is unlawful to retaliate against an employee for asserting a wage claim or for informing other employees of their rights.

PRINT

NEW MEXICO MINIMUM WAGE (Continued)

ENFORCEMENT

The Labor Relations Division of the Department of Workforce Solutions investigates claims and recovers back wages for employees who have been underpaid in violation of law, regardless of the dollar value of the claim, going back at least three years, or longer if there was a continuing course of conduct. Violations may result in civil or criminal action.

LOCAL MINIMUM WAGES RATES

The City of Santa Fe and Santa Fe County have higher base minimum wage rates. Albuquerque and Las Cruces have higher tipped minimum wage rates.

ADDITIONAL INFORMATION

Certain jobs or employers are exempt from the minimum wage or overtime provisions.

Employers must display this poster where employees can easily see it.

For more information or to file a wage claim, contact the Labor Relations Division at 505-841-4400, or online at www.dws.state.nm.us

OMBUDSMAN ACT

ATTENTION EMPLOYERS AND WORKERS!

If you have questions about worker's compensation, call the WCA Ombudsman for free information.

New Mexico
Worker's Compensation Administration
WCA HELP/HOTLINE
1-866-WORKOMP/ (1-866-967-5667)



ATENCIÓN EMPLEADORES Y TRABAJADORES

Si usted tiene preguntas sobre compensación de los trabajadores, llame a un ombudsman para información gratis.

Administración de compensación
De Los Trabajadores
Línea De Asistencia Gratuita
1-866-WORKOMP/ (1-866-967-5667)

wca 08/2005

PAID SICK LEAVE



PAID SICK LEAVE Notice of Employee Rights

Healthy Workplaces Act | NMSA 50-17-1 to 50-17-12 | Effective date: July 1, 2022

Labor Relations Division

401 Broadway NE, Albuquerque, NM 87102

Albuquerque: (505) 841-4400 • Santa Fe: (505) 827-6838 • Las Cruces: (575) 524-6195

ACCRUAL

Employees accrue one hour of earned sick leave for every thirty hours worked, starting their first day of work. Up to 64 hours of unused earned sick leave can carry over year-to-year.

The Act provides minimum requirements; other laws or employer policies may provide for more accrual, use, or carry over of earned sick leave. The Act does not preempt or override the terms of any collective bargaining agreement.

The Act applies to all employees—full-time, part-time, seasonal, and temporary. The Act also applies to employees who are salaried, tipped, or on a per-diem schedule, as well as employees paid on task, piece, or commission basis. Employees may not contract out of or agree to waive their rights under the Act.

USE OF PAID SICK LEAVE

Employees may use up to 64 hours of earned sick leave per twelve-month period, if they work enough hours. Individual employers may set a higher limit. Employers may select when the 12-month period begins.

PAY

Used sick leave is compensated at the employee's usual hourly rate and benefits. The hourly rate must be at least minimum wage.

REASON FOR USE OF LEAVE

Employees may use accrued sick leave for the following reasons:

- Employee's treatment or diagnosis of illness, injury, or health condition, or preventative medical care.
- Care of employee's family members for treatment or diagnosis of illness, injury, or health condition, or preventative medical care.
- Meetings related to employee's child's health or disability.
- Absence necessary because of and related to domestic abuse, sexual assault, or stalking suffered by the employee or their family member.

USE OF SICK LEAVE

Employers must grant use of earned sick leave upon the oral or written request of an employee or an individual acting on the employee's behalf. When possible, the request must include the expected duration of the absence. An employer may not condition an employee's taking earned sick leave on the employee searching for or finding a replacement worker to cover during the employee's absence. An employer may not require an employee to use other paid leave before the employee uses sick leave pursuant to the Act.

The employee should notify the employer in advance when use of sick leave is foreseeable and make a reasonable effort to schedule the leave so it does not disrupt business operations. When use of sick leave is not foreseeable, the employee must notify the employer as soon as practicable.

NOTICE

An employer must give written or electronic notice of employee rights and the Act's terms and provisions to an employee at the start of employment. This notice must be in English, Spanish, or any language that is the first language spoken by at least ten percent of the employer's workforce, as requested by the employee.

REASONABLE DOCUMENTATION

An employer may require reasonable documentation verifying the sick leave was used for a covered purpose if the employee uses two or more consecutive workdays of sick leave. Employers must treat all information obtained related to an employee taking sick leave as confidential.

DOCUMENT RETENTION

Employers must keep records documenting hours worked by employees and earned sick leave accrued and taken by employees for four years.

RETALIATION PROHIBITED

Employers may not take or threaten an adverse action against an employee that is reasonably likely to deter employees from exercising or attempting to exercise their rights under the Act. Employers may not retaliate because an employee raises concerns about violations of the Act, exercises their rights under the Act, or participates in investigations or legal proceedings related to alleged violations of the Act.

Examples of retaliation include the following: denying use or delaying payment of earned sick leave, termination, reducing work hours, giving the employee undesirable assignments or scheduling, threats, discipline, counting use of earned sick leave hours as an absence that may lead to any adverse action, or any other employment action considered less favorable.

COMPLAINT PROCESS

The New Mexico Department of Workforce Solutions, Labor Relations Division, enforces the Act. Any employee aggrieved by a violation of the Act may file a complaint with the Labor Relations Division by calling (505) 841-4400, visiting www.dws.state.nm.us, or going to a New Mexico Workforce Connections Office. Notice: The Division will disclose complainant's identity as part of the investigation. An employee's legal status for presence in the United States is not a defense to any action brought pursuant to the Act.

Employees must file a complaint with the Division or file a civil action in a court within three years from the date the alleged violation occurred.

An employer found to be in violation of the Act will be liable for damages and/or penalties pursuant to the Act.

For more details, see the full text of the law and regulations, available at www.dws.state.nm.us

Rev. 03/2022

PRINT

PAID SICK LEAVE



AUSENCIA POR ENFERMEDAD PAGADA

Aviso de Derechos de Empleados

Ley de Lugares de Trabajo Saludables | NMSA 50-17-1 a 50-17-12 | Fecha de Vigencia: 1 de julio de 2022

Labor Relations Division

401 Broadway NE, Albuquerque, NM 87102 • Albuquerque: (505) 841-4400 • Santa Fe: (505) 827-6838 • Las Cruces: (575) 524-6195

ACUMULACIÓN

Empleados acumulan una hora de ausencia por enfermedad ganada por cada treinta horas trabajadas, a partir de su primer día de trabajo. Hasta 64 horas de ausencia por enfermedad ganada no usada puede transferirse año tras año.

La Ley establece requisitos mínimos; otras leyes o políticas de empleadores pueden proporcionar más acumulación, uso o transferencia de año tras año de la ausencia por enfermedad acumulada. La Ley no evita o anula los términos de cualquier convenio colectivo.

La Ley aplica a todo empleado—tiempo completo, tiempo parcial, temporada y temporal. La Ley también aplica a empleados que son asalariados, que reciben propinas, o en un programa de pago por día, al igual que empleados que reciben un pago por tarea, pieza o comisión. Empleados no pueden contratar o aceptar renunciar a sus derechos bajo la Ley.

USO DE AUSENCIA POR ENFERMEDAD PAGADA

Empleados pueden usar hasta 64 horas de ausencia por enfermedad ganada por período de doce meses, si trabajan suficientes horas. Empleadores individuales puede establecer un límite más alto. Empleadores pueden seleccionar cuando comienza el período de 12 meses.

PAGO

La ausencia por enfermedad usada se compensa con la tarifa por hora y los beneficios usuales del empleado. La tarifa por hora debe ser al menos el salario mínimo.

RAZÓN DEL USO DE LA AUSENCIA

Empleados pueden usar la ausencia por enfermedad acumulada para las siguientes razones:

- Tratamiento o diagnóstico de enfermedad, lesión o condición de salud del empleado, o atención médica preventiva para el empleado.
- Cuidado de los miembros de la familia del empleado para el tratamiento o diagnóstico de una enfermedad, lesión o condición de salud, o atención médica preventiva.
- Reuniones relacionadas con la salud o discapacidad del hijo del empleado.
- Ausencia necesaria por y relacionada con abuso doméstico, agresión sexual o acoso sufrido por el empleado o su familiar.

USO DE AUSENCIA POR ENFERMEDAD

Empleadores deben otorgar el uso de ausencia por enfermedad ganada a solicitud oral o escrita de un empleado o una persona que actúe en nombre del empleado. Cuando sea posible, la solicitud incluirá la duración esperada de la ausencia. Un empleador no puede condicionar el hecho de que un empleado tome una ausencia por enfermedad ganada a que el empleado busque o encuentre un trabajador de reemplazo para cubrir durante la ausencia del empleado. Un empleador no puede exigir a un empleado que use otra ausencia pagada antes de que el empleado use la ausencia por enfermedad de conformidad con la Ley.

El empleado debe notificar al empleador con anticipación cuando el uso de la ausencia por enfermedad es previsible y debe hacer un esfuerzo razonable para programar la ausencia de modo que no interrumpa las operaciones comerciales. Cuando el uso de la ausencia por enfermedad no sea previsible, el empleado notificará al empleador tan pronto como sea posible.

AVISO

Un empleador debe dar aviso escrito o electrónico de los derechos de los empleados y los términos y disposiciones de la Ley a un empleado al comienzo del empleo. Este aviso debe estar en inglés, español o cualquier idioma que sea el primer idioma hablado por al menos el diez por ciento de la fuerza laboral del empleador, según lo solicite el empleado.

DOCUMENTACIÓN RAZONABLE

Un empleador puede exigir documentación razonable que verifique que la ausencia por enfermedad se usó para un propósito cubierto si el empleado usa dos o más días laborales consecutivos de ausencia por enfermedad. Empleadores deben tratar toda la información obtenida relacionada con un empleado que toma ausencia por enfermedad como confidencial.

RETENCIÓN DE DOCUMENTOS

Empleadores deben mantener registros que documenten las horas trabajadas por los empleados y la ausencia por enfermedad acumulada y tomada por los empleados durante cuatro años.

REPRESALIAS PROHIBIDAS

Empleadores no pueden tomar ni amenazar con tomar una acción adversa contra un empleado que sea razonablemente probable que disuada a los empleados de ejercer o intentar ejercer sus derechos bajo la Ley. Empleadores no pueden tomar represalias porque un empleado presente inquietudes sobre violaciones de la Ley, ejerza sus derechos bajo la Ley o participe en investigaciones o procedimientos legales relacionados con presuntas violaciones de la Ley.

Los ejemplos de represalias incluyen lo siguiente: negar el uso o retrasar el pago de la ausencia por enfermedad ganada, despido, reducción de horas de trabajo, dar al empleado asignaciones u horarios indeseables, amenazas, disciplina, contar el uso de las horas de ausencia por enfermedad ganada como una ausencia que puede llevar a cualquier acción adversa, o cualquier otra acción laboral considerada menos favorable.

PROCESO DE DENUNCIA

El Departamento de Soluciones de Fuerza Laboral de Nuevo México, la División de Relaciones Laborales, hace cumplir la Ley. Cualquier empleado agraviado por una violación de la Ley puede presentar una queja con la División de Relaciones llamando al (505) 841-4400, visitando www.dws.state.nm.us o dirigiéndose a una Oficina de Conexiones de Fuerza Laboral. Aviso: La División revelará la identidad del denunciante como parte de la investigación. El estatus legal de un empleado para la presencia en los Estados Unidos no es una defensa para ninguna acción presentada de conformidad con la Ley.

Empleados deben presentar una queja ante la División o presentar una acción civil en un tribunal dentro de tres años a partir de la fecha en que ocurrió la supuesta violación.

Un empleador que se encuentre en violación de la Ley será responsable de los daños y/o sanciones de conformidad con la Ley.

Para más detalles, consulte el texto completo de la ley y las regulaciones, disponibles en www.dws.state.nm.us

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UNEMPLOYMENT INSURANCE NOTICE

The state of New Mexico requires all employers to post and maintain the Unemployment Insurance Notice in a place readily accessible to individuals in his or her service.

To obtain the Unemployment Insurance Notice, please contact:

**New Mexico Department of Labor
Employment Security Division - Tax Section
P.O. Box 2281, Albuquerque, New Mexico 87103
(505) 841-2000 or 8576
FAX (505) 841-8480**

PRINT

DISCRIMINATION

DISCRIMINATION is against the law.

If you feel that you have been discriminated against, visit our website or contact us.

NEW MEXICO HUMAN RIGHTS ACT

The Human Rights Bureau enforces the provisions of the Human Rights Act of 1969. Additionally, the Human Rights Bureau has a work-sharing agreement with the Equal Employment Opportunity Commission (EEOC) to enforce the provisions of federal law under Title VII of the Civil Rights Act of 1964, the Age Discrimination in Employment Act of 1967 (ADEA), and the Americans with Disabilities Act of 1990 (ADA), all as amended. Prohibited discriminatory bases include:

- Race
- Color
- National Origin
- Ancestry
- Sex
- Age
- Gender
- Physical or Mental Disability or Serious Medical Condition
- Sexual Orientation
- Gender Identity
- Spousal Affiliation
- Religion

Sexual harassment and harassment based on other protected categories is prohibited by the Act.

The Human Rights Act prohibits discrimination in the areas of employment, housing, credit, and public accommodations, and prohibits retaliation for complaining about discrimination in any of these areas.

If you feel you have been discriminated against, contact the Human Rights Bureau by phone or fill out a complaint form online at:

www.dws.state.nm.us

ENFORCEMENT

The New Mexico Department of Workforce Solutions Human Rights Bureau investigates complaints of discrimination and harassment in employment, housing, credit, and public accommodations.

Complaints must be filed with the Human Rights Bureau within 300 days of the last act of discrimination or harassment.

For assistance in filing a complaint, or for any other information on the Human Rights Act, please call (800) 566-9471 (toll-free) or (505) 827-6838, or visit our website at:

www.dws.state.nm.us

Human Rights Bureau

2600 Cerrillos Rd, Santa Fe, NM 87505

Office: (505) 827-6838 • Toll-free: (800) 566-9471

Fax: (505) 827-6878



DISCRIMINACIÓN es contra la ley.

Si siente que ha sido discriminado, visite nuestra página por Internet o póngase en contacto con nosotros.

LA LEY DE DERECHOS HUMANOS DE NUEVO MÉXICO

El Buró de Derechos Humanos impone las provisiones de la Ley de Derechos Humanos de 1969. Adicionalmente, el Buró de Derechos Humanos tiene un acuerdo de reparto de trabajo con la Comisión de Igualdad de Oportunidades en el Empleo (Equal Employment Opportunity Commission, EEOC) para hacer cumplir las provisiones de la ley federal bajo el Título VII de la Ley de Derechos Civiles de 1964 (Civil Rights Act), la Ley de Discriminación por Edad en el Empleo de 1967 (Age Discrimination in Employment Act, ADEA), y la Ley de Americanos con Discapacidades de 1990 (Americans with Disabilities Act, ADA), todas según enmendadas. Las bases discriminatorias prohibidas incluyen:

- Raza
- Color
- Origen Nacional
- Ascendencia
- Sexo
- Edad
- Género
- Discapacidad Mental o Física o Condiciones Médicas Graves
- Orientación Sexual
- Identificación de Género
- Afiliación Nupcial
- Religión

El acoso sexual y acoso basado en otras categorías protegidas están prohibidos por la Ley.

La Ley de Derechos Humanos prohíbe la discriminación en las áreas de empleo, alojamiento, el acceso al crédito, y hospedaje público, y prohíbe la represalia por quejas en cualquiera de estas áreas.

Si usted siente que ha sido discriminado, comuníquese con el Buró de Derechos Humanos por teléfono o complete el formulario de quejas por Internet en:

www.dws.state.nm.us

CUMPLIMIENTO

El Buró de Derechos Humanos del Departamento de Soluciones de Fuerza Laboral de Nuevo México investiga quejas de discriminación y acoso en el empleo, alojamiento, el acceso al crédito, y hospedaje público.

Las quejas deben ser presentadas al Buró de Derechos Humanos dentro de 300 días de que ocurrió el último acto de discriminación o acoso.

Para ayuda en completar una queja, o por cualquier otra información sobre la Ley de Derechos Humanos, por favor llame al (800) 566-9471 (gratuitamente) o (505) 827-6838, o visite nuestra página por Internet en:

www.dws.state.nm.us

Buró de Derechos Humanos

2600 Cerrillos Rd, Santa Fe, NM 87505

Oficina: (505) 827-6838 • Línea Gratuita: (800) 566-9471

Fax: (505) 827-6878

PRINT

HUMAN TRAFFICKING NOTICE

NOTICE ON HUMAN TRAFFICKING

**IF YOU OR SOMEONE YOU KNOW IS A VICTIM OF THIS CRIME,
CONTACT THE FOLLOWING:**

IN NEW MEXICO, CALL OR TEXT

505-GET-FREE (505-438-3733)

OR CALL THE NATIONAL HUMAN TRAFFICKING RESOURCE CENTER HOTLINE TOLL-FREE AT

1-888-373-7888 FOR HELP

YOU MAY ALSO SEND THE TEXT

“HELP” OR “INFO” TO BEFREE (“233733”)

YOU MAY REMAIN ANONYMOUS, AND YOUR CALL OR TEXT IS CONFIDENTIAL

505-GET-FREE (505-438-3733)

**OBTAINING FORCED LABOR OR SERVICES IS A
CRIME UNDER NEW MEXICO AND FEDERAL LAW**



PRINT

WORKERS' COMPENSATION

State of New Mexico Workers' Compensation Administration

WORKERS' COMPENSATION ACT

If You Are Injured At Work Si Se Lastima En El Trabajo

- 1) **Notice** -- In most cases you must tell your employer about the accident within 15 days, using the Notice of Accident Form.
- 2) **You have the right** to information and assistance from an information specialist known as an "Ombudsman" at the Workers' Compensation Administration.
- 3) **Claims information** -- Contact your employer's Claims Representative.
- 1) **Aviso.** -- En la mayoría de los casos usted debe de avisarle a su empleador del accidente dentro de los primeros 15 días usando las formas de Aviso de Accidente.
- 2) **Usted tiene el derecho** a información y ayuda contactándose con un especialista en información conocido como "Ombudsman" en la Administración para la Compensación a los Trabajadores.
- 3) **Información acerca de Reclamaciones.** -- Contáctese con el representante de reclamaciones de su compañía.

Employer's Insurer / Claims Representative:

Name: _____

Phone #: _____

Address: _____

Note: Employer must fill in this insurer / claims representative information.

YOUR RIGHTS

If you are injured in a work-related accident:

Your employer / insurer must pay all reasonable and necessary medical costs.

You may or may not have the right to choose your health care provider. If your employer / insurer has not given you written instructions about who chooses first, call an ombudsman. In an emergency, get emergency medical care first.

If you are off work for more than seven days, your employer / insurer must pay wage benefits to partially offset your lost wages.

If you suffer "permanent impairment," you may have the right to receive partial wage benefits for a longer period of time.

Ombudsmen are located at the following offices:

Albuquerque: Farmington: Hobbs: Las Cruces: Las Vegas: Roswell: Santa Fe:
1-866-967-5667 1-800-568-7310 1-800-934-2450 1-800-870-6826 1-800-281-7889 1-866-311-8587 1-505-476-7381
1-505-841-6000 1-505-599-9746 1-575-397-3425 1-505-524-6246 1-505-454-9251 1-505-623-3997

SUS DERECHOS

Si se lastima en el trabajo:

Su empleador / asegurador debe de pagar por los gastos médicos necesarios y razonables.

Es posible que usted tenga, o no tenga, el derecho de escoger el proveedor de servicios para la salud. Si su empleador / asegurador no le ha dado instrucciones por escrito de quien es él que selecciona primero, pregúntele o llame a un ombudsman. En una emergencia, obtenga asistencia médica de emergencia primero.

Si usted está fuera del trabajo por más de siete días, su empleador / asegurador debe de hacerle un pago compensatorio de prestaciones para compensar parcialmente la pérdida de su salario.

Si usted sufre "daño permanente," usted puede tener el derecho a recibir prestaciones parciales de salario por un periodo de tiempo más largo.

If You Need HELP Call:

Ask for Ombudsman

Si Usted Necesita Ayuda Llame Al:

Pregunte por un Ombudsman

1 - 8 6 6 - W O R K O M P (1-866-967-5667)

Visit our website at: <https://workerscomp.nm.gov>

For FREE copies of this poster and Notice of Accident Forms call: 1-866-967-5667

USE A NOTICE OF ACCIDENT FORM TO REPORT YOUR ACCIDENT TO YOUR SUPERVISOR

EMPLOYER: You are required by law to post this poster where your employees can read it and to post Notice of Accident forms with it. This poster without Notice of Accident forms does not comply with law. You have other rights and duties under the law.

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POST FORMS HERE

New Mexico Workers' Compensation Administration
2410 Centre Avenue, Albuquerque, New Mexico 87106
PO Box 27198, Albuquerque, New Mexico 87125-7198

PRINT

NOTICE OF ACCIDENT OR OCCUPATIONAL DISEASE DISABLEMENT

NOTICE OF ACCIDENT OR OCCUPATIONAL DISEASE DISABLEMENT

NOTIFICACIÓN DE ACCIDENTE O ENFERMEDAD DE OFICIO

In accordance with New Mexico law, Section 52-1-29, Section 52-3-19 and Section 52-1-49, NMSA 1978; NMAC 11.4.4.11

Conforme a la Ley de la Compensación de los Trabajadores, Sección 52-1-29, Sección 52-3-19 y Sección 52-1-49, NMSA 1978; NMAC 11.4.4.11

I, _____
was involved in an on-the-job accident or was disabled

(yo) _____
me lastimé en un accidente en el trabajo o fui incapacitado

_____ on _____, 20_____.
by an occupational disease at approximately

_____ on _____, del 20_____.
por enfermedad de oficio aproximadamente (time/a la(s) hora(s)) el
(date/fecha)

Employee's social security number:

Número de seguro social del empleado:

Where did the accident occur?

¿Dónde ocurrió el accidente?

What happened?

¿Qué ocurrió?

To be completed by Employer:

Worker will choose health care provider. Yes ___ No ___

If Yes, Employer has right to change health care provider after 60 days. If No, Worker has the right to change health care provider after 60 days.

Completado por el empleador:

Trabajador elegirá proveedor de atención médica. Yes ___ No ___

En caso afirmativo, el empleador tiene derecho a cambiar de proveedor de atención médica después de 60 días. En caso que no elige, el trabajador tiene derecho a cambiar de proveedor de atención médica después de 60 días.

WORKER'S INITIALS _____ INICIALES DEL TRABAJADOR

Signed:

Firma: _____
(employee/empleado)

Signed/Notice Received:

Firma/Notificación recibida: (employer or representative/empleador o representante)

Date/Fecha:

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

PREVIOUS NOA FORMS ARE STILL VALID FOR USE

Form NOA-1

Employer/employee: Each keep one copy.

----SEE BACK OF THIS FORM----

Empleador/empleado: Retener una copia.

----VER AL REVERSO DE ESTA FORMA--

Worker -- For emergency medical care, go to any emergency medical facility.

Workers and Employers with questions about workers' compensation may contact an Ombudsman at any New Mexico Workers' Compensation Administration office for information and assistance. The offices are open Monday through Friday, 8 a.m. to 5 p.m., except holidays.

Trabajador Para emergencias médicas vaya a cualquier clínica / hospital.

Trabajadores y empleadores con preguntas acerca de la compensación de los trabajadores pueden comunicarse con un asesor ("ombudsman") a cualquier oficina de la Administración de la Compensación de los Trabajadores para información y asistencia. Las oficinas están abiertas desde las ocho de la mañana hasta las cinco de la tarde de lunes a viernes, con la excepción de días festivos.

Statewide Helpline -- Línea de Asistencia

1-866-WORKOMP / 1-866-967-5667

toll free -- llamada sin costo de larga distancia

New Mexico Workers' Compensation Administration

PO Box 27198, Albuquerque, NM 87125

Albuquerque: (505) 841-6000 - 1 (800) 255-7965
Farmington: (505) 599-9746 - 1 (800) 568-7310
Hobbs: (575) 397-3425 - 1 (800) 934-2450

Las Cruces: (575) 524-6246 - 1 (800) 870-6826
Las Vegas: (505) 454-9251 - 1 (800) 281-7889
Roswell: (575) 623-3997 - 1(866) 311-8587

Santa Fe: (505) 476-7381

<https://workerscomp.nm.gov>

Rev. 11/18

PRINT

OCCUPATIONAL SAFETY AND HEALTH PROTECTION

NEW MEXICO JOB HEALTH AND SAFETY POSTER

**You Have a Right to a Safe and Healthful Workplace
IT'S THE LAW!**



Site Address/La Dirección a la Agencia:
525 Camino de los Marquez,
Ste. 3
Santa Fe, NM 87505

**Mailing Address/Dirección de
Envío:**
PO Box 5469
Santa Fe, NM 87502-5469

**Telephone No./Número de
Teléfono:**
505-476-8700 or 1-877-610-6742

**Fax Number/Número de
Facsimil:**



Employees:

- You have the right to notify your employer or OSHA about workplace hazards. You may ask OSHA to keep your name confidential.
- You have the right to request a New Mexico OSHA inspection if you believe that there are unsafe or unhealthful conditions in your workplace. You or your representative may participate in the inspection.
- You can file a complaint with New Mexico OSHA within 30 days of discrimination by your employer for making safety and health complaints or for exercising your rights under the New Mexico Occupational Health and Safety Act.
- You have a right to see OSHA citations issued to your employer. Your employer must post the citations at or near the place of the alleged violation.
- Your employer must correct workplace hazards by the date indicated on the citation and must certify that these hazards have been reduced or eliminated.
- You have the right to copies of your medical records or records of your exposure to toxic and harmful substances or conditions.
- Your employer must post this notice in your workplace.
- You must comply with all OSHA standards issued under the OSH Act that apply to your own actions and conduct on the job.

Employers:

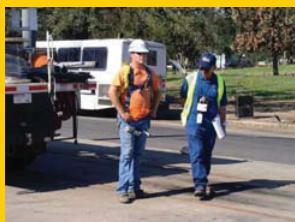
- Employers must furnish your employees a place of employment free from recognized hazards.
- Employers must comply with the OSHA standards issued under the OSHA Act.

The Occupational Safety and Health Act of 1970 (OSH Act), P.L. 91-956, assures safe and healthful working conditions for working men and women throughout the Nation. The Occupational Safety and Health Administration, in the U.S. Department of Labor, has the primary responsibility for administering the OSHA Act. The rights listed here may vary depending on the particular circumstances. To file a complaint, report an emergency, or seek free OSHA advice and assistance, call 1-877-610-6742 or (505) 476-8700 or email at Complaints.OSHA@state.nm.us. Our fax number is (505) 476-8734. For information or assistance relative to the State Occupational Health & Safety program, please refer to address to the left side of poster.

The Federal Occupational Safety and Health Administration monitors the operation of the state program to assure its continued effectiveness. Anyone wishing to register a complaint concerning the administration of the New Mexico Occupational Health and Safety Program may do so by contacting U.S. Department of Labor, Occupational Safety and Health Administration, 525 Griffin Street, Room 602, Dallas, Texas 75202 at (972) 850-4145.

SALUD DE TRABAJO Y CARTEL DE SEGURIDAD

**Usted Tiene el Derecho a un Lugar de Trabajo Seguro y Saludable.
¡LO ESTABLECE LA LEY!**



R022607 MMP

Empleados:

- Usted tiene el derecho de notificar a su empleador o a la OSHA sobre peligros en el lugar de trabajo. Usted también puede pedir que la OSHA no revele su nombre.
- Usted tiene el derecho de pedir a la OSHA de Nuevo México que realice una inspección si usted piensa que en su trabajo existen condiciones peligrosas o poco saludables. Usted o su representante pueden participar en esa inspección.
- Usted tiene 30 días para presentar una queja ante la OSHA de Nuevo México si su empleador llega a tomar represalias o discriminar en su contra por haber denunciado la condición de seguridad o salud o por ejercer los derechos consagrados bajo la Ley OSH de Nuevo México.
- Usted tiene el derecho de ver las citaciones enviadas por la OSHA a su empleador. Su empleador debe colocar las citaciones en el lugar donde se encontraron las supuestas infracciones o cerca de mismo.
- Su empleador debe corregir los peligros en el lugar de trabajo para la fecha indicada en la citación y debe certificar que dichos peligros se hayan reducido o desaparecido.
- Usted tiene derecho de recibir copias de su historial o registro médico y el registro de su exposición a sustancias o condiciones tóxicas o dañinas.
- Su empleador debe colocar este aviso en su lugar de trabajo.
- Usted debe cumplir con todas las normas de seguridad y salud ocupacionales expedidas conforme a la Ley OSH que sean aplicables a sus propias acciones y conducta en el trabajo.

Empleadores:

- Usted debe proporcionar a sus empleados un lugar de empleo libre de peligros conocidos.
- Usted debe cumplir con las normas de seguridad y salud ocupacionales expedidas conforme a la Ley OSH.

La Ley de Seguridad y Salud Ocupacionales de 1970 (la Ley), P.L. 91-596, garantiza condiciones ocupacionales seguras y saludables para los hombres y las mujeres que desempeñen algún trabajo en todo el Estado de Nuevo México. La Administración de Seguridad y Salud Ocupacionales (OSHA), es la responsable principal de supervisar la Ley. Los derechos que se indican en este documento pueden variar según las circunstancias particulares. Para presentar un reclamo, informar sobre una emergencia o pedir consejos y asistencia gratis de la OSHA, llame 1-877-610-6742 or (505) 476-8700 o email Complaints.OSHA@state.nm.us. Número de facsimil - (505) 476-8734.

La Administración de Salud y Seguridad Ocupacional Federal supervisa la operación del programa estatal para asegurar su eficacia continuada. Alguien deseando registrar una queja acerca de la administración de OSHA por parte del Estado, puede hacer así por ponerse en contacto New Mexico Environment Department, Occupational Safety and Health Administration, 525 Griffin Street, Room 602, Dallas, Texas 75202, número de teléfono (972) 850-4145.

NM OSHA *The Best Resource for Health and Safety
El Mayor Recurso para la Salud y Seguridad*

PRINT

FEDERAL MINIMUM WAGE

EMPLOYEE RIGHTS UNDER THE FAIR LABOR STANDARDS ACT

FEDERAL MINIMUM WAGE \$7.25

PER HOUR
BEGINNING
JULY 24, 2009

The law requires employers to display this poster where employees can readily see it.

OVERTIME PAY At least 1 ½ times your regular rate of pay for all hours worked over 40 in a workweek.

CHILD LABOR An employee must be at least 16 years old to work in most non-farm jobs and at least 18 to work in non-farm jobs declared hazardous by the Secretary of Labor. Youths 14 and 15 years old may work outside school hours in various non-manufacturing, non-mining, non-hazardous jobs with certain work hours restrictions. Different rules apply in agricultural employment.

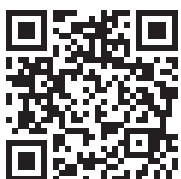
TIP CREDIT Employers of “tipped employees” who meet certain conditions may claim a partial wage credit based on tips received by their employees. Employers must pay tipped employees a cash wage of at least \$2.13 per hour if they claim a tip credit against their minimum wage obligation. If an employee’s tips combined with the employer’s cash wage of at least \$2.13 per hour do not equal the minimum hourly wage, the employer must make up the difference.

NURSING MOTHERS The FLSA requires employers to provide reasonable break time for a nursing mother employee who is subject to the FLSA’s overtime requirements in order for the employee to express breast milk for her nursing child for one year after the child’s birth each time such employee has a need to express breast milk. Employers are also required to provide a place, other than a bathroom, that is shielded from view and free from intrusion from coworkers and the public, which may be used by the employee to express breast milk.

ENFORCEMENT The Department has authority to recover back wages and an equal amount in liquidated damages in instances of minimum wage, overtime, and other violations. The Department may litigate and/or recommend criminal prosecution. Employers may be assessed civil money penalties for each willful or repeated violation of the minimum wage or overtime pay provisions of the law. Civil money penalties may also be assessed for violations of the FLSA’s child labor provisions. Heightened civil money penalties may be assessed for each child labor violation that results in the death or serious injury of any minor employee, and such assessments may be doubled when the violations are determined to be willful or repeated. The law also prohibits retaliating against or discharging workers who file a complaint or participate in any proceeding under the FLSA.

ADDITIONAL INFORMATION

- Certain occupations and establishments are exempt from the minimum wage, and/or overtime pay provisions. Certain narrow exemptions also apply to the pump at work requirements.
- Special provisions apply to workers in American Samoa, the Commonwealth of the Northern Mariana Islands, and the Commonwealth of Puerto Rico.
- Some state laws provide greater employee protections; employers must comply with both.
- Some employers incorrectly classify workers as “independent contractors” when they are actually employees under the FLSA. It is important to know the difference between the two because employees (unless exempt) are entitled to the FLSA’s minimum wage and overtime pay protections and correctly classified independent contractors are not.
- Certain full-time students, student learners, apprentices, and workers with disabilities may be paid less than the minimum wage under special certificates issued by the Department of Labor.



WAGE AND HOUR DIVISION
UNITED STATES DEPARTMENT OF LABOR

1-866-487-9243
www.dol.gov/agencies/whd



WH1088 REV 04/23

PRINT

EEOC - Know Your Rights: Workplace Discrimination is Illegal



Know Your Rights: Workplace Discrimination is Illegal

The U.S. Equal Employment Opportunity Commission (EEOC) enforces Federal laws that protect you from discrimination in employment. If you believe you've been discriminated against at work or in applying for a job, the EEOC may be able to help.

Who is Protected?

- Employees (current and former), including managers and temporary employees
- Job applicants
- Union members and applicants for membership in a union

What Organizations are Covered?

- Most private employers
- State and local governments (as employers)
- Educational institutions (as employers)
- Unions
- Staffing agencies

What Types of Employment Discrimination are Illegal?

Under the EEOC's laws, an employer may not discriminate against you, regardless of your immigration status, on the bases of:

- Race
- Color
- Religion
- National origin
- Sex (including pregnancy, childbirth, and related medical conditions, sexual orientation, or gender identity)
- Age (40 and older)
- Disability
- Genetic information (including employer requests for, or purchase, use, or disclosure of genetic tests, genetic services, or family medical history)
- Retaliation for filing a charge, reasonably opposing

discrimination, or participating in a discrimination lawsuit, investigation, or proceeding

- Interference, coercion, or threats related to exercising rights regarding disability discrimination or pregnancy accommodation

What Employment Practices can be Challenged as Discriminatory?

All aspects of employment, including:

- Discharge, firing, or lay-off
- Harassment (including unwelcome verbal or physical conduct)
- Hiring or promotion
- Assignment
- Pay (unequal wages or compensation)
- Failure to provide reasonable accommodation for a disability; pregnancy, childbirth, or related medical condition; or a sincerely-held religious belief, observance or practice
- Benefits
- Job training
- Classification
- Referral
- Obtaining or disclosing genetic information of employees
- Requesting or disclosing medical information of employees
- Conduct that might reasonably discourage someone from opposing discrimination, filing a charge, or participating in an investigation or proceeding

- Conduct that coerces, intimidates, threatens, or interferes with someone exercising their rights, or someone assisting or encouraging someone else to exercise rights, regarding disability discrimination (including accommodation) or pregnancy accommodation

What can You Do if You Believe Discrimination has Occurred?

Contact the EEOC promptly if you suspect discrimination. Do not delay, because there are strict time limits for filing a charge of discrimination (180 or 300 days, depending on where you live/work). You can reach the EEOC in any of the following ways:

Submit an inquiry through the EEOC's public portal:
<https://publicportal.eeoc.gov/Portal/Login.aspx>

Call 1-800-669-4000 (toll free)
1-800-669-6820 (TTY)
1-844-234-5122 (ASL video phone)

Visit an EEOC field office
(information at www.eeoc.gov/field-office)

E-Mail info@eeoc.gov

Additional information about the EEOC, including information about filing a charge of discrimination, is available at www.eeoc.gov.



EMPLOYERS HOLDING FEDERAL CONTRACTS OR SUBCONTRACTS

The Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) enforces the nondiscrimination and affirmative action commitments of companies doing business with the Federal Government. If you are applying for a job with, or are an employee of, a company with a Federal contract or subcontract, you are protected under Federal law from discrimination on the following bases:

Race, Color, Religion, Sex, Sexual Orientation, Gender Identity, National Origin Executive Order 11246, as amended, prohibits employment discrimination by Federal contractors based on race, color, religion, sex, sexual orientation, gender identity, or national origin, and requires affirmative action to ensure equality of opportunity in all aspects of employment.

Asking About, Disclosing, or Discussing Pay Executive Order 11246, as amended, protects applicants and employees of Federal contractors from discrimination based on inquiring about, disclosing, or discussing their compensation or the compensation of other applicants or employees.

Disability Section 503 of the Rehabilitation Act of 1973, as amended, protects qualified individuals with disabilities from discrimination in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment by Federal contractors. Disability discrimination includes not making reasonable accommodation to the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee, barring undue hardship to the employer. Section 503 also requires that Federal contractors take affirmative action to employ and advance in employment qualified individuals with disabilities at all levels of employment, including the executive level.

Protected Veteran Status The Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, 38 U.S.C. 4212, prohibits employment discrimination against, and requires affirmative action to recruit, employ, and advance in employment, disabled veterans, recently separated veterans (i.e., within three years of discharge or release from active duty), active duty wartime or campaign badge veterans, or Armed Forces service medal veterans.

Retaliation Retaliation is prohibited against a person who files a complaint of discrimination, participates in an OFCCP proceeding, or otherwise opposes discrimination by Federal contractors under these Federal laws. Any person who believes a contractor has violated its nondiscrimination or affirmative action obligations under OFCCP's authorities should contact immediately:

The Office of Federal Contract Compliance Programs (OFCCP)
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, D.C. 20210
1-800-397-6251 (toll-free)

If you are deaf, hard of hearing, or have a speech disability, please dial 7-1-1 to access telecommunications relay services. OFCCP may also be contacted by submitting a question online to OFCCP's Help Desk at

<https://ofccphelpdesk.dol.gov/s/>, or by calling an OFCCP regional or district office, listed in most telephone directories under U.S. Government, Department of Labor and on OFCCP's "Contact Us" webpage at <https://www.dol.gov/agencies/ofccp/contact>.

PROGRAMS OR ACTIVITIES RECEIVING FEDERAL FINANCIAL ASSISTANCE

Race, Color, National Origin, Sex In addition to the protections of Title VII of the Civil Rights Act of 1964, as amended, Title VI of the Civil Rights Act of 1964, as amended, prohibits discrimination on the basis of race, color or national origin in programs or activities receiving Federal financial assistance. Employment discrimination is covered by Title VI if the primary objective of the financial assistance is provision of employment, or where employment discrimination causes or may cause discrimination in providing services under such programs. Title IX of the Education Amendments of 1972 prohibits employment discrimination on the basis of sex in educational programs or activities which receive Federal financial assistance.

Individuals with Disabilities Section 504 of the Rehabilitation Act of 1973, as amended, prohibits employment discrimination on the basis of disability in any program or activity which receives Federal financial assistance. Discrimination is prohibited in all aspects of employment against persons with disabilities who, with or without reasonable accommodation, can perform the essential functions of the job. If you believe you have been discriminated against in a program of any institution which receives Federal financial assistance, you should immediately contact the Federal agency providing such assistance.

(Revised 6/27/2023)

PRINT

15 New Mexico Labor Laws

LaborLawCenter.com Questions? Learn more by calling 1-800-745-9970

Official Print Size - 8.5" x 11"
Compliance Ready - Do Not Scale

FMLA | FAMILY AND MEDICAL LEAVE ACT

Your Employee Rights Under the Family and Medical Leave Act

What is FMLA leave? The Family and Medical Leave Act (FMLA) is a federal law that provides eligible employees with **job-protected leave** for qualifying family and medical reasons. The U.S. Department of Labor's Wage and Hour Division (WHD) enforces the FMLA for most employees.

Eligible employees can take **up to 12 workweeks** of FMLA leave in a 12-month period for:

- The birth, adoption or foster placement of a child with you,
- Your serious mental or physical health condition that makes you unable to work,
- To care for your spouse, child or parent with a serious mental or physical health condition, and
- Certain qualifying reasons related to the foreign deployment of your spouse, child or parent who is a military servicemember.

An eligible employee who is the spouse, child, parent or next of kin of a covered servicemember with a serious injury or illness **may take up to 26 workweeks** of FMLA leave in a single 12-month period to care for the servicemember.

You have the right to use FMLA leave in **one block of time**. When it is medically necessary or otherwise permitted, you may take FMLA leave **intermittently in separate blocks of time, or on a reduced schedule** by working less hours each day or week. Read Fact Sheet #28M(c) for more information.

FMLA leave is **not paid leave**, but you may choose, or be required by your employer, to use any employer-provided paid leave if your employer's paid leave policy covers the reason for which you need FMLA leave.

Am I eligible to take FMLA leave? You are an **eligible employee** if **all** of the following apply:

- You work for a covered employer,
- You have worked for your employer at least 12 months,
- You have at least 1,250 hours of service for your employer during the 12 months before your leave, and
- Your employer has at least 50 employees within 75 miles of your work location.

Airline flight crew employees have different "hours of service" requirements.

You work for a **covered employer** if **one** of the following applies:

- You work for a private employer that had at least 50 employees during at least 20 workweeks in the current or previous calendar year,
- You work for an elementary or public or private secondary school, or
- You work for a public agency, such as a local, state or federal government agency. Most federal employees are covered by Title II of the FMLA, administered by the Office of Personnel Management.

How do I request FMLA leave? Generally, **to request FMLA leave you must:**

- Follow your employer's normal policies for requesting leave,
- Give notice at least 30 days before your need for FMLA leave, or
- If advance notice is not possible, give notice as soon as possible.

You **do not have to share a medical diagnosis** but must provide enough information to your employer so they can determine whether the leave qualifies for FMLA protection. You **must also inform your employer if FMLA leave was previously taken** or approved for the same reason when requesting additional leave.

Your **employer may request certification** from a health care provider to verify medical leave and may request certification of a qualifying exigency.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

State employees may be subject to certain limitations in pursuit of direct lawsuits regarding leave for their own serious health conditions. Most federal and certain congressional employees are also covered by the law but are subject to the jurisdiction of the U.S. Office of Personnel Management or Congress.

What does my employer need to do? If you are eligible for FMLA leave, your **employer must:**

- Allow you to take job-protected time off work for a qualifying reason,
- Continue your group health plan coverage while you are on leave on the same basis as if you had not taken leave, and
- Allow you to return to the same job, or a virtually identical job with the same pay, benefits and other working conditions, including shift and location, at the end of your leave.

Your **employer cannot interfere with your FMLA rights** or threaten or punish you for exercising your rights under the law. For example, your employer cannot retaliate against you for requesting FMLA leave or cooperating with a WHD investigation.

After becoming aware that your need for leave is for a reason that may qualify under the FMLA, your **employer must confirm whether you are eligible** or not eligible for FMLA leave. If your employer determines that you are eligible, your **employer must notify you in writing:**

- About your FMLA rights and responsibilities, and
- How much of your requested leave, if any, will be FMLA-protected leave.

Where can I find more information?

Call **1-866-487-9243** or visit dol.gov/fmla to learn more.

If you believe your rights under the FMLA have been violated, you may file a complaint with WHD or file a private lawsuit against your employer in court. **Scan the QR code to learn about our WHD complaint process.**



WAGE AND HOUR DIVISION
UNITED STATES DEPARTMENT OF LABOR

SCAN ME



WH1420 REV 04/23

USERRA - UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT



YOUR RIGHTS UNDER USERRA

THE UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT

USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.

REEMPLOYMENT RIGHTS

You have the right to be reemployed in your civilian job if you leave that job to perform service in the uniformed service and:

- you ensure that your employer receives advance written or verbal notice of your service;
- you have five years or less of cumulative service in the uniformed services while with that particular employer;
- you return to work or apply for reemployment in a timely manner after conclusion of service; and
- you have not been separated from service with a disqualifying discharge or under other than honorable conditions.

If you are eligible to be reemployed, you must be restored to the job and benefits you would have attained if you had not been absent due to military service or, in some cases, a comparable job.

RIGHT TO BE FREE FROM DISCRIMINATION AND RETALIATION

If you:

- are a past or present member of the uniformed service;
- have applied for membership in the uniformed service; or
- are obligated to serve in the uniformed service;

then an employer may not deny you:

- initial employment;
- reemployment;
- retention in employment;
- promotion; or
- any benefit of employment

because of this status.

In addition, an employer may not retaliate against anyone assisting in the enforcement of USERRA rights, including testifying or making a statement in connection with a proceeding under USERRA, even if that person has no service connection.

HEALTH INSURANCE PROTECTION

- If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military.
- Even if you don't elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.

ENFORCEMENT

- The U.S. Department of Labor, Veterans Employment and Training Service (VETS) is authorized to investigate and resolve complaints of USERRA violations.
- For assistance in filing a complaint, or for any other information on USERRA, contact VETS at **1-866-4-USA-DOL** or visit its website at **<https://www.dol.gov/agencies/vets/>**. An interactive online USERRA Advisor can be viewed at **<https://webapps.dol.gov/elaws/vets/userra>**
- If you file a complaint with VETS and VETS is unable to resolve it, you may request that your case be referred to the Department of Justice or the Office of Special Counsel, as applicable, for representation.
- You may also bypass the VETS process and bring a civil action against an employer for violations of USERRA.

Publication Date — May 2022

The rights listed here may vary depending on the circumstances. The text of this notice was prepared by VETS, and may be viewed on the internet at this address: **<https://www.dol.gov/agencies/vets/programs/userra/poster>** Federal law requires employers to notify employees of their rights under USERRA, and employers may meet this requirement by displaying the text of this notice where they customarily place notices for employees.



U.S. Department of Labor
1-866-487-2365



U.S. Department of Justice



Office of Special Counsel



Employer Support Of The Guard
And Reserve 1-800-336-4590

EMPLOYEE POLYGRAPH PROTECTION ACT

EMPLOYEE RIGHTS EMPLOYEE POLYGRAPH PROTECTION ACT

The Employee Polygraph Protection Act prohibits most private employers from using lie detector tests either for pre-employment screening or during the course of employment.

PROHIBITIONS Employers are generally prohibited from requiring or requesting any employee or job applicant to take a lie detector test, and from discharging, disciplining, or discriminating against an employee or prospective employee for refusing to take a test or for exercising other rights under the Act.

EXEMPTIONS Federal, State and local governments are not affected by the law. Also, the law does not apply to tests given by the Federal Government to certain private individuals engaged in national security-related activities. The Act permits polygraph (a kind of lie detector) tests to be administered in the private sector, subject to restrictions, to certain prospective employees of security service firms (armored car, alarm, and guard), and of pharmaceutical manufacturers, distributors and dispensers. The Act also permits polygraph testing, subject to restrictions, of certain employees of private firms who are reasonably suspected of involvement in a workplace incident (theft, embezzlement, etc.) that resulted in economic loss to the employer. The law does not preempt any provision of any State or local law or any collective bargaining agreement which is more restrictive with respect to lie detector tests.

EXAMINEE RIGHTS Where polygraph tests are permitted, they are subject to numerous strict standards concerning the conduct and length of the test. Examinees have a number of specific rights, including the right to a written notice before testing, the right to refuse or discontinue a test, and the right not to have test results disclosed to unauthorized persons.

ENFORCEMENT The Secretary of Labor may bring court actions to restrain violations and assess civil penalties against violators. Employees or job applicants may also bring their own court actions.

THE LAW REQUIRES EMPLOYERS TO DISPLAY THIS POSTER WHERE EMPLOYEES AND JOB APPLICANTS CAN READILY SEE IT.



WAGE AND HOUR DIVISION
UNITED STATES DEPARTMENT OF LABOR

1-866-487-9243
www.dol.gov/agencies/whd



WH1462 REV 02/22

PRINT

ANTI-DISCRIMINATION NOTICE

It is illegal to discriminate against work authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

For information, please contact
The Office of Special Counsel for Immigration
Related Unfair Employment Practices Office at
800-255-7688.

PRINT

WITHHOLDING STATUS

Since you last filed form W-4 with your employer did you...

- Marry or divorce?
- Gain or lose a dependent?
- Change your name?

Were there major changes to...

- Your non-wage income (interest, dividends, capital gains, etc.)?
- Your family wage income (you or your spouse started or ended a job)?
- Your itemized deductions?
- Your tax credits?

If you can answer "YES"...

To any of these questions or you owed extra tax when you filed your last return, you may need to file a new form W-4. See your employer for a copy of Form W-4 or call the IRS at 1-800-829-3676.

Now is the time to check your withholding. For more details, get Publication 919, *How Do I Adjust My Tax Withholding?*, or use the Withholding Calculator at: **www.irs.gov/individuals** on the IRS website.

Employer: Please post or publish this Bulletin Board Poster so that your employees will see it. Please indicate where they can get forms and information on this subject.



Department of the Treasury
Internal Revenue Service

www.irs.gov

Publication 213
(Rev. 8-2009)
Cat. No. 11047P

PRINT

PAYDAY NOTICE

Regular Paydays for Employees of

(Company Name)

Shall be as follows:

☐

Weekly

☐

Bi-Weekly

☐

Monthly

☐

Other

By: _____

Title: _____

PRINT

ACKNOWLEDGEMENT

I certify that I have received and read the contents of the Labor Laws.

Employee Name: _____

Date Received: _____

Signature of Recipient: _____

Comments:

SUBMIT ACKNOWLEDGEMENT

PRINT