



KNOW YOUR RIGHTS IN THE WORKPLACE

**TEXAS & FEDERAL
PRINTABLE LABOR LAWS**

TEXAS 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



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

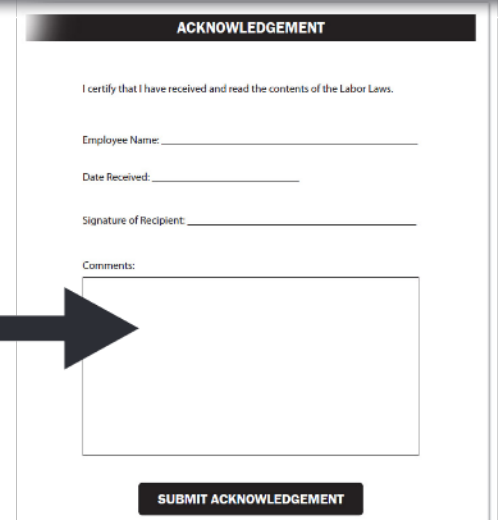
The last page of this document includes a 'Signature Acknowledgment'. A signed acknowledgement agreement is important to keep in employee records to show that each remote worker has been informed of their rights in case of labor disputes or lawsuits.

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

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

Fill In Comments



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.

DIVISION OF WORKERS' COMPENSATION NOTICE REGARDING CERTAIN WORK-RELATED COMMUNICABLE DISEASES AND ELIGIBILITY FOR WORKERS' COMPENSATION BENEFITS

TO: LAW ENFORCEMENT OFFICERS, FIRE FIGHTERS, EMERGENCY MEDICAL SERVICE EMPLOYEES, PARAMEDICS, AND CORRECTIONAL OFFICERS

In order to qualify for workers' compensation benefits, an employee who claims a possible work-related exposure to a reportable disease, including HIV infection, must be tested for the disease not later than the 10th day after the exposure and must provide their employer with documentation of the test and a sworn affidavit of the date and circumstances of the exposure. The test result must indicate the absence of the disease. The employee is not required to pay for the test.

Reportable diseases are those communicable diseases and health conditions required to be reported to the Texas Department of Health. Exposure criteria and testing protocol must conform to Texas Department of Health requirements.

TO: ALL STATE EMPLOYEES

In order to qualify for workers' compensation benefits, a state employee who claims a possible work-related exposure to human immunodeficiency virus (HIV) infection, must be tested for HIV within 10 days after the exposure and must provide their employer with documentation of the test and a written statement of the date and circumstances of the exposure. The test result must indicate the absence of HIV infection. The employee is not required to pay for the test.

For additional information: Talk to your employer or call the Division of Workers' Compensation at 1-800-252-7031. Also, contact the Texas Department of State Health Services (DSHS) to ensure full compliance with the Health and Safety Code and DSHS rules.

WORKERS' COMPENSATION NOTICE 9

DIVISIÓN DE COMPENSACIÓN LABORAL AVISO SOBRE CIERTAS ENFERMEDADES TRANSMISIBLES RELACIONADAS CON EL TRABAJO Y ELEGIBILIDAD PARA LOS BENEFICIOS DE COMPENSACIÓN LABORAL

PARA: LOS OFICIALES DE POLICÍA, BOMBEROS, EMPLEADOS MÉDICOS DE EMERGENCIAS, PARAMÉDICOS Y FUNCIONARIOS DE PRISIONES

Para aplicar a los beneficios de compensación laboral, un empleado que denuncie una posible exposición relacionada con el trabajo a una enfermedad de notificación obligatoria, incluyendo la infección por el VIH, debe hacerse la prueba de la enfermedad a más tardar el décimo día después de la exposición y debe proporcionar a su empleador la documentación de la prueba y una declaración jurada de la fecha y las circunstancias de la exposición. El resultado de la prueba debe indicar la ausencia de la enfermedad. El empleado no está obligado a pagar por la prueba.

Las enfermedades de notificación obligatoria son aquellas enfermedades transmisibles y condiciones de salud que deben notificarse al Departamento de Servicios de Salud del Estado de Texas. Los criterios de exposición y el protocolo de pruebas debe cumplir con requisitos del Departamento de Servicios de Salud de Texas.

PARA: TODOS LOS EMPLEADOS ESTATALES

Para aplicar a los beneficios de compensación laboral, un empleado del estado que denuncie una una posible exposición relacionada con el trabajo a una infección por el virus de la inmunodeficiencia humana (VIH), debe hacerse la prueba de VIH dentro de los 10 días posteriores la exposición y debe proporcionar su empleador la documentación de la prueba y una declaración por escrito de la fecha y las circunstancias de la exposición. El resultado de la prueba deberá indicar la ausencia de infección por el VIH. El empleado no está obligado a pagar por la prueba.

Para información adicional: Hable con su empleador o llame a la División de Compensación Laboral al 1-800-252-7031. Además, comuníquese con el Departamento de Servicios de Salud del Estado (DSHS) de Texas para garantizar el pleno cumplimiento del Código de Seguridad y Salud y las reglas del DSHS.

NOTICE TO EMPLOYEES CONCERNING WORKERS' COMPENSATION IN TEXAS

COVERAGE: [Name of employer] _____ has workers' compensation insurance coverage from [name of commercial insurance company] _____. In the event of work-related injury or occupational disease. This coverage is effective from [effective date of workers' compensation insurance policy] _____. Any injuries or occupational diseases which occur on or after that date will be handled by [name of commercial insurance company] _____. An employee or a person acting on the employee's behalf, must notify the employer of an injury or occupational disease not later than the 30th day after the date on which the injury occurs or the date the employee knew or should have known of an occupational disease, unless the Texas Department of Insurance, Division of Workers' Compensation (Division) determines that good cause existed for failure to provide timely notice. Your employer is required to provide you with coverage information, in writing, when you are hired or whenever the employer becomes, or ceases to be, covered by workers' compensation insurance.

EMPLOYEE ASSISTANCE: The Division provides free information about how to file a workers' compensation claim. Division staff will answer any questions you may have about workers' compensation and process any requests for dispute resolution of a claim. You can obtain this assistance by contacting your local Division field office or by calling 1-800-252-7031. The Office of Injured Employee Counsel (OIEC) also provides free assistance to injured employees and will explain your rights and responsibilities under the Workers' Compensation Act. You can obtain OIEC's assistance by contacting an OIEC customer service representative in your local Division field office or by calling 1-866-EZE-OIEC (1-866-393-6432).

SAFETY VIOLATIONS HOTLINE: The Division has a 24 hour toll-free telephone number for reporting unsafe conditions in the workplace that may violate occupational health and safety laws. Employers are prohibited by law from suspending, terminating, or discriminating against any employee because he or she in good faith reports an alleged occupational health or safety violation. Contact the Division at 1-800-452-9595.

AVISO A LOS EMPLEADOS SOBRE LA COMPENSACIÓN PARA TRABAJADORES EN TEXAS

COBERTURA: [Name of the employer] _____ tiene cobertura de seguros de compensación para trabajadores con [name of the commercial insurance company] _____ para protegerle en caso de una lesión o enfermedad ocupacional relacionada con el trabajo. Esta cobertura está vigente desde [effective date of workers' compensation insurance policy] _____. Cualquier lesión o enfermedad ocupacional que ocurra en o después de esta fecha será manejada por [name of commercial insurance policy]. Un empleado o una persona que actúe en nombre del empleado, debe notificar al empleador sobre una lesión o una enfermedad ocupacional a no más tardar de treinta (30) días, a partir de la fecha en que ocurrió la lesión o en la fecha en la que el empleado se enteró o debería de haberse enterado de la enfermedad ocupacional, al menos que el Departamento de Seguros de Texas, División de Compensación para Trabajadores (Texas Department of Insurance, Division of Workers' Compensation – TDI-DWC, por su nombre y siglas en inglés) (División) determine que existió una buena causa para que no se haya notificado al empleador dentro del tiempo señalado. Su empleador tiene la obligación de proporcionarle a usted información por escrito sobre la cobertura cuando usted es contratado o cuando su empleador adquiere o deja de tener una cobertura de seguro de compensación para trabajadores.

ASISTENCIA AL EMPLEADO: La División proporciona información gratuita sobre cómo presentar una reclamación de compensación para trabajadores. El personal de la División contestará cualquier pregunta que usted pueda tener sobre la compensación para trabajadores y procesará cualquier solicitud de resolución de disputas relacionada con una reclamación. Usted puede obtener este tipo de asistencia comunicándose con su oficina local de la División o llamando al teléfono 1-800-252-7031. La Oficina de Asesoría Pública para el Empleado Lesionado (Office of Injured Employee Counsel – OIEC, por su nombre y siglas en inglés) también ofrece asistencia gratuita a los empleados lesionados y ellos le explicarán cuáles son sus derechos y responsabilidades bajo la Ley de Compensación para Trabajadores. Usted puede obtener la asistencia de OIEC comunicándose con un representante de servicio al cliente de OIEC en su oficina local de la División o llamando al 1-866-EZE-OIEC (1-866-393-6432).

LÍNEA DIRECTA PARA REPORTAR VIOLACIONES DE SEGURIDAD: La División cuenta con una línea gratuita telefónica que está en servicio las 24 horas del día para reportar condiciones inseguras en el área de trabajo que podrían violar las leyes ocupacionales de salud y seguridad. La ley prohíbe que los empleadores suspendan, despidan o discriminen en contra de cualquier empleado porque él o ella de buena fe reporta una alegada violación ocupacional de salud o seguridad. Comuníquese con la División al teléfono 1-800-452-9595.

NOTICE TO EMPLOYEES CONCERNING WORKERS' COMPENSATION IN TEXAS

COVERAGE: [Name of employer] _____ does not have workers' compensation insurance coverage. As an employee of a non-covered employer, you are not eligible to receive workers' compensation benefits under the Texas Workers' Compensation Act. However, a non-covered (non-subscribing) employer can and may provide other benefits to injured employees. You should contact your employer regarding the availability of other benefits for a work-related injury or occupational disease. In addition, you may have rights under the common law of Texas should you have an on the job injury or occupational disease. Your employer is required to provide you with coverage information, in writing, when you are hired or whenever the employer becomes, or ceases to be, covered by workers' compensation insurance.

SAFETY VIOLATIONS HOTLINE: The Division has a 24 hour toll-free telephone number for reporting unsafe conditions in the workplace that may violate occupational health and safety laws. Employers are prohibited by law from suspending, terminating, or discriminating against any employee because he or she in good faith reports an alleged occupational health or safety violation. Contact the Division at 1-800-452-9595.

AVISO A LOS EMPLEADOS SOBRE LA COMPENSACIÓN PARA TRABAJADORES EN TEXAS

COBERTURA: [Name of employer] _____ no cuenta con una cobertura de seguro de compensación para trabajadores. Como empleado de un empleador que no cuenta con una cobertura, usted no es elegible para recibir beneficios de compensación para trabajadores bajo la Ley de Compensación para Trabajadores de Texas. Sin embargo, un empleador no cubierto (no suscriptor) puede y debe proporcionar otros beneficios a los empleados lesionados. Usted debe comunicarse con su empleador para obtener información sobre la disponibilidad de otros beneficios por una lesión o enfermedad ocupacional relacionada con el trabajo. Además, usted podría tener derechos bajo la ley de "Derecho Común de Texas" (Common Law of Texas, por su nombre en inglés), en caso de que usted llegara a sufrir una lesión o enfermedad ocupacional relacionada con el trabajo. Su empleador tiene la obligación de proporcionarle a usted información por escrito sobre la cobertura cuando usted es contratado o cuando su empleador adquiere o deja de tener una cobertura de seguro de compensación para trabajadores.

LÍNEA DIRECTA PARA REPORTAR VIOLACIONES DE SEGURIDAD: La División cuenta con una línea gratuita telefónica que está en servicio las 24 horas del día para reportar condiciones inseguras en el área de trabajo que podrían violar las leyes ocupacionales de salud y seguridad. La ley prohíbe que los empleadores suspendan, despidan o discriminen en contra de cualquier empleado porque él o ella de buena fe reporta una alegada violación ocupacional de salud o seguridad. Comuníquese con la División al teléfono 1-800-452-9595.

NOTICE TO EMPLOYEES CONCERNING WORKERS' COMPENSATION IN TEXAS

COVERAGE: Effective on [effective date of certificate] _____ [name of employer] _____ has been certified by the Texas Department of Insurance, Division of Workers' Compensation (Division) as a self-insured employer providing workers' compensation insurance in the event of work-related injury or occupational disease. Claims for injuries or occupational diseases which occur on or after that date will be handled by [name of third party administrator] _____. An employee or a person acting on the employee's behalf, must notify the employer of an injury or occupational disease not later than the 30th day after the date on which the injury occurs or the date the employee knew or should have known of an occupational disease, unless the Division determines that good cause existed for failure to provide timely notice. Your employer is required to provide you with coverage information, in writing, when you are hired or whenever the employer becomes, or ceases to be, covered by workers' compensation insurance.

EMPLOYEE ASSISTANCE: The Division provides free information about how to file a workers' compensation claim. Division staff will answer any questions you may have about workers' compensation and process any requests for dispute resolution of a claim. You can obtain this assistance by contacting your local Division field office or by calling 1-800-252-7031. The Office of Injured Employee Counsel (OIEC) also provides free assistance to injured employees and will explain your rights and responsibilities under the Workers' Compensation Act. You can obtain OIEC's assistance by contacting an OIEC customer service representative in your local Division field office or by calling 1-866-EZE-OIEC (1-866-393-6432).

SAFETY VIOLATIONS HOTLINE: The Division has a 24 hour toll-free telephone number for reporting unsafe conditions in the workplace that may violate occupational health and safety laws. Employers are prohibited by law from suspending, terminating, or discriminating against any employee because he or she in good faith reports an alleged occupational health or safety violation. Contact the Division at 1-800-452-9595.

AVISO A LOS EMPLEADOS SOBRE LA COMPENSACIÓN PARA TRABAJADORES EN TEXAS

COBERTURA: A partir de [effective date of certificate] _____ [name of employer] _____ ha sido certificado por el Departamento de Seguros de Texas, División de Compensación para Trabajadores (Texas Department of Insurance, Division of Workers' Compensation – TDI-DWC, por su nombre y siglas en inglés) (División) como empleador auto asegurado (self-insured employer, por su nombre en inglés), para proporcionar un seguro de compensación para trabajadores para protegerle en caso de una lesión o enfermedad ocupacional relacionada con el trabajo. Las reclamaciones por lesiones o enfermedades ocupacionales que ocurran en o después de esta fecha serán manejadas por [name of third party administrator] _____ . Un empleado o una persona que actúe en nombre del empleado, debe notificar al empleador sobre una lesión o una enfermedad ocupacional a no más tardar de treinta (30) días, a partir de la fecha en que ocurrió la lesión o en la fecha en la que el empleado se enteró o debería de haberse enterado de la enfermedad ocupacional, al menos que la División determine que existió una buena causa para que no se haya notificado al empleador dentro del tiempo señalado. Su empleador tiene la obligación de proporcionarle a usted información por escrito sobre la cobertura cuando usted es contratado o cuando su empleador adquiere o deja de tener una cobertura de seguro de compensación para trabajadores.

ASISTENCIA AL EMPLEADO: La División proporciona información gratuita sobre cómo presentar una reclamación de compensación para trabajadores. El personal de la División contestará cualquier pregunta que usted pueda tener sobre la compensación para trabajadores y procesará cualquier solicitud de resolución de disputas relacionada con una reclamación. Usted puede obtener este tipo de asistencia comunicándose con su oficina local de la División o llamando al teléfono 1-800-252-7031. La Oficina de Asesoría Pública para el Empleado Lesionado (Office of Injured Employee Counsel – OIEC, por su nombre y siglas en inglés) también ofrece asistencia gratuita a los empleados lesionados y ellos le explicarán cuáles son sus derechos y responsabilidades bajo la Ley de Compensación para Trabajadores. Usted puede obtener la asistencia de OIEC comunicándose con un representante de servicio al cliente de OIEC en su oficina local de la División o llamando al 1-866-EZE-OIEC (1-866-393-6432).

LÍNEA DIRECTA PARA REPORTAR VIOLACIONES DE SEGURIDAD: La División cuenta con una línea gratuita telefónica que está en servicio las 24 horas del día para reportar condiciones inseguras en el área de trabajo que podrían violar las leyes ocupacionales de salud y seguridad. La ley prohíbe que los empleadores suspendan, despidan o discriminen en contra de cualquier empleado porque él o ella de buena fe reporta una alegada violación ocupacional de salud o seguridad. Comuníquese con la División al teléfono 1-800-452-9595.

NOTICE TO EMPLOYEES CONCERNING WORKERS' COMPENSATION IN TEXAS

COVERAGE: Effective on [effective date of certificate] _____ [name of employer] _____ provides workers' compensation insurance coverage as a member of a self-insurance group under Labor Code Chapter 407A in the event of work-related injury or occupational disease. Claims for injuries or occupational diseases which occur on or after that date will be handled by [name of third party administrator] _____. An employee or a person acting on the employee's behalf, must notify the employer of an injury or occupational disease not later than the 30th day after the date on which the injury occurs or the date the employee knew or should have known of an occupational disease, unless the Texas Department of Insurance, Division of Workers' Compensation (Division) determines that good cause existed for failure to provide timely notice. Your employer is required to provide you with coverage information, in writing, when you are hired or whenever the employer becomes, or ceases to be, covered by workers' compensation insurance.

EMPLOYEE ASSISTANCE: The Division provides free information about how to file a workers' compensation claim. Division staff will answer any questions you may have about workers' compensation and process any requests for dispute resolution of a claim. You can obtain this assistance by contacting your local Division field office or by calling 1-800-252-7031. The Office of Injured Employee Counsel (OIEC) also provides free assistance to injured employees and will explain your rights and responsibilities under the Workers' Compensation Act. You can obtain OIEC's assistance by contacting an OIEC customer service representative in your local Division field office or by calling 1-866-EZE-OIEC (1-866-393-6432).

SAFETY VIOLATIONS HOTLINE: The Division has a 24 hour toll-free telephone number for reporting unsafe conditions in the workplace that may violate occupational health and safety laws. Employers are prohibited by law from suspending, terminating, or discriminating against any employee because he or she in good faith reports an alleged occupational health or safety violation. Contact the Division at 1-800-452-9595.

AVISO A LOS EMPLEADOS SOBRE LA COMPENSACIÓN PARA TRABAJADORES EN TEXAS

COBERTURA: A partir de [effective date of certificate] _____ [name of employer] _____ proporciona cobertura de seguro de compensación para trabajadores como miembro de un grupo auto asegurado bajo el Código Laboral Capítulo 407A para protegerle en caso de una lesión o enfermedad ocupacional relacionada con el trabajo. Las reclamaciones por lesiones o enfermedades ocupacionales que ocurran en o después de esta fecha serán manejadas por [name of third party administrator] _____. Un empleado o una persona que actúe en nombre del empleado debe notificar al empleador sobre una lesión o una enfermedad ocupacional a no más tardar de treinta (30) días, a partir de la fecha en que ocurrió la lesión o en la fecha en la que el empleado se enteró o debería de haberse enterado de la enfermedad ocupacional, al menos que el Departamento de Seguros de Texas, División de Compensación para Trabajadores (Texas Department of Insurance, Division of Workers' Compensation – TDI-DWC, por su nombre y siglas en inglés) (División) determine que existió una buena causa para que no se haya notificado al empleador dentro del tiempo señalado. Su empleador tiene la obligación de proporcionarle a usted información por escrito sobre la cobertura cuando usted es contratado o cuando su empleador adquiere o deja de tener una cobertura de seguro de compensación para trabajadores.

ASISTENCIA AL EMPLEADO: La División proporciona información gratuita sobre cómo presentar una reclamación de compensación para trabajadores. El personal de la División contestará cualquier pregunta que usted pueda tener sobre la compensación para trabajadores y procesará cualquier solicitud de resolución de disputas relacionada con una reclamación. Usted puede obtener este tipo de asistencia comunicándose con su oficina local de la División o llamando al teléfono 1-800-252-7031. La Oficina de Asesoría Pública para el Empleado Lesionado (Office of Injured Employee Counsel – OIEC, por su nombre y siglas en inglés) también ofrece asistencia gratuita a los empleados lesionados y ellos le explicarán cuáles son sus derechos y responsabilidades bajo la Ley de Compensación para Trabajadores. Usted puede obtener la asistencia de OIEC comunicándose con un representante de servicio al cliente de OIEC en su oficina local de la División o llamando al 1-866-EZE-OIEC (1-866-393-6432).

LÍNEA DIRECTA PARA REPORTAR VIOLACIONES DE SEGURIDAD: La División cuenta con una línea gratuita telefónica que está en servicio las 24 horas del día para reportar condiciones inseguras en el área de trabajo que podrían violar las leyes ocupacionales de salud y seguridad. La ley prohíbe que los empleadores suspendan, despidan o discriminen en contra de cualquier empleado porque él o ella de buena fe reporta una alegada violación ocupacional de salud o seguridad. Comuníquese con la División al teléfono 1-800-452-9595.

DISCRIMINATION



EQUAL EMPLOYMENT OPPORTUNITY IS ... ***The Law In Texas***

The law prohibits employers, employment agencies and labor unions from denying equal employment opportunities in

- **hiring**
- **promotion**
- **discharge**
- **pay**
- **fringe benefits**
- **membership**
- **training**
- **other aspects of employment**

because of race, color, national origin, religion, sex, age, or disability. The Sex Protected Class includes Sexual Harassment, Gender Stereotyping, Pregnancy Discrimination, Gender Identity, and Sexual Orientation.

IGUALDAD DE OPORTUNIDADES **EN EL EMPLEO ES ...** ***La Ley en Texas***

La ley prohíbe a los empleadores, agencias de empleo y sindicatos de negar la igualdad de oportunidades de empleo en

- **ocupar**
- **ascensos**
- **desocupar**
- **pago, beneficios**
- **membrecia**
- **entrenamiento**
- **otros aspectos del empleo**

por causa de raza, color, nacionalidad, religion, sexo, edad, o incapacidad. La clase protegida por sexo incluye acoso sexual, estereotipos de género, discriminación por embarazo, identidad de género y orientación sexual.

If you believe you have been discriminated against, contact the Texas Workforce Commission, Civil Rights Division

Si usted cree que ha sido discriminado, comuníquese con la Comisión Laboral de Texas,
División de Derechos Civiles

Website: www.twc.texas.gov/jobseekers/how-submit-employment-discrimination-complaint
Email: EEOintake@twc.texas.gov

101 E. 15th Street, RM. 154; Austin, TX 78778 (512) 463-2642

Toll Free (within Texas) 1-888-452-4778 TTY (512) 371-7473

Equal Opportunity Employer

Program Igualdad de Oportunidad de Empleo / Progra

PRINT

REPORTING WORKPLACE VIOLENCE

Reporting Workplace Violence Employees can report instances of workplace violence or suspicious activity by contacting the Department of Public Safety (DPS) through the iWatchTexas Community Reporting System at www.iwatchtx.org, or by calling 844-643-2251. Employees have the right to make a report to DPS anonymously.

Reportando La Violencia en el Trabajo Los empleados pueden denunciar casos de violencia en el trabajo o actividades sospechosas comunicándose con el Departamento de Seguridad Pública (DPS) a través del Sistema de Informes Comunitarios iWatchTexas en www.iwatchtx.org, o llamando al 844-643-2251. Los empleados tienen derecho a presentarle una queja al DPS de forma anónima.

PRINT

NOTIFICATION OF THE OMBUDSMAN PROGRAM

NOTICE TO EMPLOYEES CONCERNING ASSISTANCE AVAILABLE IN THE WORKERS' COMPENSATION SYSTEM FROM THE OFFICE OF INJURED EMPLOYEE COUNSEL

Have you been injured on the job? As an injured employee in Texas, you have the right to free assistance from the **Office of Injured Employee Counsel (OIEC)**. OIEC is the state agency that assists unrepresented injured employees with their claim in the workers' compensation system.

You can contact OIEC by calling its toll-free telephone number: **1-866-393-6432**.

More information about OIEC and its Ombudsman Program is available at the agency's website (www.oiec.texas.gov).

OMBUDSMAN PROGRAM

What Is An Ombudsman? An Ombudsman is an employee of OIEC who can assist you if you have a dispute with your employer's insurance carrier. An Ombudsman's assistance is free of charge. Each Ombudsman has completed a comprehensive training program designed specifically to assist you with your dispute.

An Ombudsman can help you identify and develop the disputed issues in your case and attempt to resolve them.

If the issues cannot be resolved, the Ombudsman can help you request a dispute resolution proceeding at the Texas Department of Insurance, Division of Workers' Compensation.

Once a proceeding is scheduled an Ombudsman can:

- Help you prepare for the proceeding (Benefit Review Conference and/or Contested Case Hearing);
- Attend the proceeding with you and communicate on your behalf; and
- Assist you with an appeal or a response to an insurance carrier's appeal, if necessary.



Figure 28 TAC §276.5(c) – September 2022

Aviso Para Los Empleados Sobre La Asistencia Disponible En El Sistema De Compensación Para Trabajadores Por Parte De La Oficina De Asesoría Pública Para El Empleado Lesionado

¿Se ha lesionado en el trabajo? Como empleado lesionado en Texas, usted tiene derecho a recibir asistencia gratuita por parte de la **Oficina de Asesoría Pública para el Empleado Lesionado** (Office of Injured Employee Counsel –OIEC, por su nombre y siglas en inglés). OIEC es la agencia estatal que asiste a los empleados lesionados que no cuentan con representación legal con su reclamación en el sistema de compensación para trabajadores.

Usted puede comunicarse con OIEC llamando a su número de teléfono gratuito: **1-866-393-6432**.

Más información sobre OIEC y sobre el Programa de Ombudsman se encuentra disponible en el sitio web de la agencia (www.oiec.texas.gov).

Programa de Ombudsman

¿Qué es un Ombudsman? Un Ombudsman es un empleado de OIEC que le puede asistir si usted tiene una disputa con la aseguradora de su empleador. La asistencia por parte del Ombudsman es gratuita.

Cada Ombudsman ha completado un extenso programa de capacitación, el cual ha sido diseñado específicamente para asistirle a usted con su disputa.

Un Ombudsman puede ayudarle a identificar y desarrollar los asuntos en disputa en su caso e intentar resolverlos. Si los asuntos no pueden ser resueltos, el Ombudsman puede ayudarle a solicitar un procedimiento de resolución de disputas ante el Departamento de Seguros de Texas, División de Compensación para Trabajadores (Texas Department of Insurance, Division of Workers' Compensation, por su nombre en inglés).

Una vez que el procedimiento ha sido programado, el Ombudsman puede:

- Ayudarle a prepararse para el procedimiento (Conferencia para Revisión de Beneficios [Benefit Review Conference, por su nombre en inglés] y/o Audiencia para Disputar Beneficios [Contested Case Hearing, por su nombre en inglés]);
- Asistir al procedimiento con usted y hablar en su nombre; y
- Ayudarlo a usted con una apelación o con una respuesta a la apelación de una aseguradora, si es necesario.



Título 28 del Código Administrativo de Texas §276.5(c) – Septiembre de 2022

PRINT

NOTICE TO NEW EMPLOYEES

“You may elect to retain your common law right of action if, no later than five days after you begin employment or within five days after receiving written notice from the employer that the employer has obtained workers’ compensation insurance coverage, you notify your employer in writing that you wish to retain your common law right to recover damages for personal injury. If you elect to retain your common law right of action, you cannot obtain workers’ compensation income or medical benefits if you are injured.”

Notice to New Employees Rev. 01/13

DIVISION OF WORKERS’ COMPENSATION

AVISO A NUEVOS EMPLEADOS

“Usted puede optar por conservar su derecho común de acción de ley (common law right of action, por su nombre en inglés) si, a no más tardar de cinco días después que usted comienza su empleo o dentro de cinco días después de recibir aviso por escrito por parte del empleador donde se informa que el empleador ha obtenido una cobertura de seguro de compensación para trabajadores, usted le notifica a su empleador por escrito que desea conservar su derecho común de acción de ley para recuperarse de daños por lesiones personales. Si opta por conservar su derecho común de acción de ley, usted no puede obtener beneficios médicos o de ingresos de compensación para trabajadores si se ha lesionado.”

Notice to New Employees Rev. 01/13

DIVISION OF WORKERS’ COMPENSATION

PRINT

CHILD LABOR LAWS

CHILD LABOR LAWS

Texas Workforce Commission

Wage and Hour Department, Child Labor Enforcement

U.S. Department of Labor

Wage and Hour Division



For further information about Texas' child labor laws, call:

800-832-9243
(TDD 800-735-2989)

This poster provides some guidelines to the Texas child labor laws, but it is not complete. Chapter 51, Texas Labor Code, governs the employment of children under Texas state law. MINIMUM AGE FOR EMPLOYMENT IS 14; however, state and federal laws provide for certain exceptions. Please call TWC's Wage and Hour Department concerning questions about labor law. The Fair Labor Standards Act (FLSA) governs federal laws and guidelines pertaining to child labor. For information concerning federal child labor laws, consult your local office of the U.S. Department of Labor, Wage and Hour Division or call 866-487-9243

The following are prohibited occupations for 14- through 17-year-old children:

Prohibited occupations are the same for both federal and state law. The hazardous occupations designated by an asterisk (*) have provisions for employment of persons below the age of eighteen (18), provided applicable apprentice or student-learner certification has been obtained. Persons desiring specific information about these exceptions should contact the nearest office of the United States Department of Labor.

Occupations declared particularly hazardous or detrimental to the health or well-being of all children 14 through 17 years of age include occupations:

- (1) in or about plants or establishments other than retail establishments which manufacture or store explosives or articles containing explosive components other than retail establishments,
- (2) involving the driving of motor vehicles and outside helpers
 - A. on any public road or highway,
 - B. in or about any place where logging or sawmill operations are in progress, or
 - C. in excavations.(Under certain conditions, driving a motor vehicle for a commercial purpose is NOT considered a hazardous occupation under state or federal law,
- (3) connected with coal mining,
- (4) in logging and sawmill occupations and occupations involving firefighting and timber tracts,
- (5) *in operating or assisting to operate power-driven woodworking machines,
- (6) involving exposure to radioactive substances and to ionizing radiations,
- (7) in operating or assist to operate power-driven hoisting apparatus such as elevators, cranes, derricks, hoists, high-lift trucks,
- (8) * in operating or assisting to operate power-driven metal forming, punching, and shearing machines,
- (9) in connection with mining, other than coal,
- (10) * in operating or assisting to operate power-driven meat processing

Additional prohibited occupations that apply only to 14- and 15-year-old children:

Occupations declared particularly hazardous or detrimental to the health or well-being of 14- and 15-year-old children include:

- (1) mining, manufacturing, or processing occupations, including duties in workrooms or places where goods are manufactured, mined, or otherwise processed,
- (2) operating or assisting in operating power-driven machinery or hoisting apparatus other than typical office machines,
- (3) work as a ride attendant or ride operator at an amusement park or a "dispatcher" at the top of elevated water slides,
- (4) driving a motor vehicle or helping a driver,
- (5) occupations involved in transporting persons or property by rail, highway, air, water, pipeline, or other means,
- (6) youth peddling, sign waving, or door-to-door sales,
- (7) poultry catching or cooping,
- (8) lifeguarding at a natural environment such as a lake, river, ocean beach, quarry, pond (youth must be at least 15 years of age and properly certified to be a lifeguard at a traditional swimming pool or water amusement park),
- (9) public messenger jobs,
- (10) communications and public utilities jobs,
- (11) construction including demolition and repair, work performed in or about boiler or engine rooms or in connection with the maintenance or repair of the establishment, machines, or equipment,
- (12) outside window washing that involves working from window sills, and all work requiring the use of ladders, scaffolds or their substitutes,
- (13) cooking, except with gas or electric grills that do not involve cooking over an open flame and with deep fat fryers that utilize devices that automatically lower and raise the baskets from the hot grease or oil,
- (14) baking and all activities involved in baking,
- (15) occupations which involve operating, setting up, adjusting, cleaning, oiling, or repairing power-driven food slicers and grinders, food choppers and cutters, and bakery-type mixers,
- (16) freezers or meat coolers work, except minors may occasionally enter a freezer for a short period of time to retrieve items,
- (17) meat processing and work in areas where meat is processed,
- (18) loading and unloading goods to and from trucks, railroad cars or conveyors, and
- (19) all occupations in warehouses and storage except office and clerical work.

Work times for 14- and 15-year-old children:

State Law — A person commits an offense if that person permits a child 14 or 15 years of age who is employed by that person to work:

- (1) more than 8 hours in one day or more than 48 hours in one week,
- (2) between the hours of 10 p.m. and 5 a.m. on a day that is followed by a school day or between the hours of midnight and 5 a.m. on a day that is not followed by a school day if the child is enrolled in school, or
- (3) between the hours of midnight and 5 a.m. on any day during the time school is recessed for the summer if the child is not enrolled in summer school.

CHILD LABOR LAWS (continued)

machines, and occupations including slaughtering, meat packing, processing, or rendering,

- (11) in operating or assisting to operate power-driven bakery machines.
- (12) * involved in the operation of power-driven paper-products machines, balers and compactors,
- (13) in manufacturing brick, tile, and kindred products,
- (14) * in operating or assisting to operate power-driven circular saws, bandsaws and guillotine shears, abrasive cutting discs, reciprocating saws, chain saws and wood-chippers,
- (15) in wrecking, demolition, and ship-breaking operations,
- (16) * in roofing operations and on or about a roof, and
- (17) * in connection with excavation operations.

Additional prohibited occupations that apply under state law:

- (1) Occupations involved in sales and solicitation by a child under 18 years of age. Consult 51.0145 Texas Labor Code for exceptions and requirements.
- (2) Occupations in sexually oriented businesses by a child under 21 years of age.

Federal Law — The FLSA further regulates hours of employment. 14 and 15 year old children may not work:

- (1) during school hours,
- (2) more than eight hours on a non-school day or 40 hours during a non-school week,
- (3) more than three hours on a school day or 18 hours during a school week, and
- (4) between 7 p.m. and 7 a.m. during the school year, or between 9 p.m. and 7 a.m. from June 1 and Labor Day.

Child Actors- state law

Child actor definition - a child under the age of 14 who is to be employed as an actor or other performer

Child actor extra definition - a child under the age of 14 who is employed as an extra without any speaking, singing, or dancing roles, usually in the background of the performance.

Every person applying for child actor authorization must submit an application for authorization on a form provided by the Texas Workforce Commission.

Special authorization for child actors to be employed as extras is granted without the need for filing an application if the employer meets the Texas Workforce Commission's requirements. Contact 1-800-832-9243 for instruction.

PENALTIES: State of Texas — *An offense under Chapter 51, Texas Labor Code, is a Class B misdemeanor, except for the offense of employing a child under 14 to sell or solicit, which is a Class A misdemeanor. If the Commission determines that a person who employs a child has violated this Act, or a rule adopted under this Act, the Commission may assess an administrative penalty against that person in an amount not to exceed \$10,000 for each violation. The attorney general may seek injunctive relief in district court against an employer who repeatedly violates the requirements established by this Act relating to the employment of children.*

Federal — *The FLSA prescribes a maximum administrative penalty of \$11,000 per violation and/or criminal prosecution and fines.*

101 E. 15th Street • Austin, Texas 78778-0001 • (512) 463-2222
Relay Texas: 800-735-2989 (TDD) 800-735-2988 (Voice)
www.texasworkforce.org
Equal Opportunity Employer / Services

WHCL-70 (0922)

PRINT

PAY-DAY NOTICE/UNEMPLOYMENT COMPENSATION



Texas Workforce Commission ATTENTION EMPLOYEES

Your employer reports your wages to the Texas Workforce Commission. If you become unemployed or your work hours are reduced, you may be eligible for unemployment benefit payments. File online at www.twc.texas.gov or call 1-800-939-6631. Additional assistance may be available at your local Workforce Solutions Office; please visit the directory at: www.twc.texas.gov/directory-workforce-solutions-offices-services.

Unemployment Insurance (UI) benefits are available to workers who are unemployed and who meet the requirements of state UI eligibility laws.

To file, you will need to provide your full legal name and your social security number or your authorization to work.

The Texas Payday Law, Title II, Chapter 61, Texas Labor Code, requires Texas employers to pay their employees who are exempt from the overtime pay provisions of the Fair Labor Standards Act of 1938 at least once per month. All other employees must be paid at least twice a month and each pay period must consist as nearly as possible of an equal number of days.

Scheduled paydays: (You must indicate date or dates of the month for employees paid monthly or semi-monthly, and day of the week for employees paid weekly or at other times.)

MONTHLY: _____

SEMI-MONTHLY: _____

WEEKLY: _____

OTHER: _____

TO EMPLOYERS: Texas Labor Code section 208.001(b) and 40 T.A.C. 815.1(14)(A) & (B) require that this notice, or its equivalent, be displayed in a location reasonably calculated to be encountered by all employees, and that an employer provide such information, individually, to an employee upon separation from employment.

To report suspected fraud, waste or abuse of the program call 800-252-3642.

Y-10C(0420)

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

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.

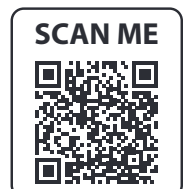
Where can I find more information?

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



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



Job Safety and Health IT'S THE LAW!

All workers have the right to:

- A safe workplace.
- Raise a safety or health concern with your employer or OSHA, or report a work-related injury or illness, without being retaliated against.
- Receive information and training on job hazards, including all hazardous substances in your workplace.
- Request a confidential OSHA inspection of your workplace if you believe there are unsafe or unhealthy conditions. You have the right to have a representative contact OSHA on your behalf.
- Participate (or have your representative participate) in an OSHA inspection and speak in private to the inspector.
- File a complaint with OSHA within 30 days (by phone, online or by

Employers must:

- Provide employees a workplace free from recognized hazards. It is illegal to retaliate against an employee for using any of their rights under the law, including raising a health and safety concern with you or with OSHA, or reporting a work-related injury or illness.
- Comply with all applicable OSHA standards.
- Notify OSHA within 8 hours of a workplace fatality or within 24 hours of any work-related inpatient hospitalization, amputation, or loss of an eye.
- Provide required training to all workers in a language and vocabulary they can understand.
- Prominently display this poster in the workplace.
- Post OSHA citations at or near the place of the alleged violations.

PRINT

OSHA | OCCUPATIONAL SAFETY AND HEALTH ACT (Continued)

mail) if you have been retaliated against for using your rights.

- See any OSHA citations issued to your employer.
- Request copies of your medical records, tests that measure hazards in the workplace, and the workplace injury and illness log.

On-Site Consultation services are available to small and medium-sized employers, without citation or penalty, through OSHA-supported consultation programs in every state.

This poster is available free from OSHA.

Contact OSHA. We can help.



1-800-321-OSHA (6742) • TTY 1-877-889-5627 • www.osha.gov

OSHA 3165-04R 2019

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.

WITHHOLDING STATUS

YOU MAY NEED TO CHECK YOUR WITHHOLDING

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

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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