EEOC - KNOW YOUR RIGHTS: WORKPLACE DISCRIMINATION IS ILLEGAL

following ways:

from opposing discrimination, filing a charge, or

participating in an investigation or proceeding.

What can You Do if You Believe Discrimination has

Do not delay, because there are strict time limits for filing

where you live/work). You can reach the EEOC in any of the

https://publicportal.eeoc.gov/Portal/Login.aspx

a charge of discrimination (180 or 300 days, depending or

Submit an inquiry through the EEOC's public portal:

1-844-234-5122 (ASL video phone)

www.eeoc.gov/field-office)

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. • Genetic information (including employer requests for, • Requesting or disclosing medical information of employees or purchase, use, or disclosure of genetic tests, genetic • Conduct that might reasonably discourage someone Employees (current and former), including managers and

services, or family medical history) · Retaliation for filing a charge, reasonably opposing Job applicants Union members and applicants for membership in a union discrimination, or participating in a discrimination lawsuit, What Organizations are Covered? loyment Practices can be Challenged as Contact the EEOC promptly if you suspect discrimination Most private employers State and local governments (as employers) Educational institutions (as employers) All aspects of employment, including: Discharge, firing, or lay-off Harassment (including unwelcome verbal or physical Staffing agencies What Types of Employment Discrimination are Illegal? Under the EEOC's laws, an employer may not discriminate Hiring or promotion

Federal law from discrimination on the following bases:

against you, regardless of your immigration status, on the Assignment Pay (unequal wages or compensation) Race Color ReligionNational origin Sex (including pregnancy and related conditions, sexual Classificatio Age (40 and older)

Call 1–800–669–4000 (toll free) • Failure to provide reasonable accommodation for a disability or a sincerely held religious belief, observance Visit an EEOC field office (information at E-Mail info@eeoc.gov Additional information about the EEOC, including information about filing a charge of Obtaining or disclosing genetic information of employees 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) the employer. Section 503 also requires that Federal contractors take affirmative action enforces the nondiscrimination and affirmative action commitments of companies to employ and advance in employment qualified individuals with disabilities at all levels doing business with the Federal Government. If you are applying for a job with, or are an of employment, including the executive level. employee of, a company with a Federal contract or subcontract, you are protected under 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 Race, Color, Religion, Sex, Sexual Orientation, Gender Identity, National Origin affirmative action to recruit, employ, and advance in employment, disabled veterans Executive Order 11246, as amended, prohibits employment discrimination by Federal recently separated veterans (i.e., within three years of discharge or release from active duty). contractors based on race, color, religion, sex, sexual orientation, gender identity, or active duty wartime or campaign badge veterans, or Armed Forces service medal veterans. national origin, and requires affirmative action to ensure equality of opportunity in all Retaliation Retaliation is prohibited against a person who files a complaint of aspects of employment.

Asking About, Disclosing, or Discussing Pay Executive Order 11246, as amended,

by Federal contractors under these Federal laws. Any person who believes a contractor by Federal contractors under these Federal laws. Any person who believes a contractor by Federal contractors under these Federal laws. Any person who believes a contractor by Federal contractors under these Federal laws. Any person who believes a contractor by Federal contractors under these Federal laws. Any person who believes a contractor by Federal contractors under these Federal laws. Any person who believes a contractor by Federal contractors under these Federal laws. Any person who believes a contractor by Federal contractors under these Federal laws. protects applicants and employees of Federal contractors from discrimination based on has violated its nondiscrimination or affirmative action obligations under OFCCP's nquiring about, disclosing, or discussing their compensation or the compensation of authorities should contact immediately: The Office of Federal Contract Compliance Disability Section 503 of the Rehabilitation Act of 1973, as amended, protects qualified D.C. 20210 1–800–397–6251 (toll-free) If you are deaf, hard of hearing, or have a speech individuals with disabilities from discrimination in hiring, promotion, discharge, pay, disability, please dial 7–1–1 to access telecommunications relay services. OFCCP may also ringe benefits, job training, classification, referral, and other aspects of employment be contacted by submitting a question online to OFCCP's Help Desk at

PROGRAMS OR ACTIVITIES RECEIVING FEDERAL FINANCIAL ASSISTANCE Race, Color, National Origin, Sex In addition to the protections of Title VII of the Civil Individuals with Disabilities Section 504 of the Rehabilitation Act of 1973, as amended. Rights Act of 1964, as amended, Title VI of the Civil Rights Act of 1964, as amended, prohibits prohibits employment discrimination on the basis of disability in any program or activity iscrimination on the basis of race, color or national origin in programs or activities receiving which receives Federal financial assistance. Discrimination is prohibited in all aspects Federal financial assistance. Employment discrimination is covered by Title VI if the primary of employment against persons with disabilities who, with or without reasonable objective of the financial assistance is provision of employment, or where employment accommodation, can perform the essential functions of the iob. If you believe you 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.

Programs (OFCCP) U.S. Department of Lábor 200 Constitution Avenue, N.W. Washington, by Federal contractors. Disability discrimination includes not making reasonable 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 ndividual with a disability who is an applicant or employee, barring undue hardship to OFCCP's "Contact Us" webpage at https://www.dol.gov/agencies/ofccp/contact.

on causes or may cause discrimination in providing services under such programs. have been discriminated against in a program of any institution which receives Federal

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. the minimum wage or overtime pay provisions of the law. Civil money penalties may also CHILD LABOR An employee must be at least 16 years old to work in most non-farm jobs injury of any minor employee, and such assessments may be doubled when the violations and at least 18 to work in non-farm jobs declared hazardous by the Secretary of Labor. are determined to be willful or repeated. The law also prohibits retaliating against or Youths 14 and 15 years old may work outside school hours in various non-manufacturing, discharging workers who file a complaint or participate in any proceeding under the FLSA. non-mining, non-hazardous jobs with certain work hours restrictions. Different rules 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 • Special provisions apply to workers in American Samoa, the Commonwealth of the tipped employees a cash wage of at least \$2.13 per hour if they claim a tip credit against cash wage of at least \$2.13 per hour do not equal the minimum hourly wage, the **IURSING 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 • Certain full-time students, student learners, apprentices, and workers with disabilities 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 m 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.

imployers may be assessed civil money penalties for each willful or repeated violation of

OVERTIME PAY At least 1 ½ times your regular rate of pay for all hours worked over 40 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 Certain occupations and establishments are exempt from the minimum wage, and/or

Northern Mariana Islands, and the Commonwealth of Puerto Rico. 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. may be paid less than the minimum wage under special certificates issued by the WAGE AND HOUR DIVISION UNITED STATES DEPARTMENT OF LABOR **1-866-487-9243** TTY: 1-877-889-5627

• 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

· 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,

• For assistance in filing a complaint, or for any other information on USERRA, contact

https://www.dol.gov/agencies/vets/. An interactive online USERRA Advisor can be

• 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

exclusions) except for service-connected illnesses or injuries.

viewed at https://webapps.dol.gov/elaws/vets/userra

VETS at 1-866-4-USA-DOL or visit its website at

authorized to investigate and resolve complaints of USERRA violation

rally without any waiting periods or exclusions (e.g., pre-existing condition

USERRA - UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT

to 24 months while in the military.

applicable, for representation

violations of USERRA.

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 HEALTH INSURANCE PROTECTION 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 you return to work or apply for reemployment in a timely manner after conclusion of you have not been separated from service with a disqualifying discharge or under other than honorable conditions.

f you are eligible to be reemployed, you must be restored to the job and benefits you •The U.S. Department of Labor, Veterans Employment and Training Service (VETS) is would have attained if you had not been absent due to military service or, in some cases, 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 iniformed service; or • are obligated to serve in the uniformed service; then an employer may not deny you: • initial employment; • reemployment; • retention in employment; • romotion; or • any benefit of employment, because of this status. n 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 • You may also bypass the VETS process and bring a civil action against an employer for under USERRA, even if that person has no service connection. 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

equirement by displaying the text of this notice where they customarily place notices for employees.

U.S. Department of Justice

Employer Support Of The Guard And Reserve 1-800-336-4590 Office of Special Counsel

NOTICE ON HUMAN TRAFFICKING

HUMAN TRAFFICKING NOTICE

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



UNEMPLOYMENT INSURANCE

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

NEW MEXICO MINIMUM WAGE



NEW MEXICO MINIMUM WAGE ACT EMPLOYEE RIGHTS



MINIMUM WAGE IN NEW MEXICO

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

only be among wait staff.

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

NO SEPARATE RATE FOR STUDENTS OR

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

MINORS

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.

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,

three years, or longer if there was a continuing course of conduct.

regardless of the dollar value of the claim, going back at least

LOCAL MINIMUM

WAGES RATES

The City of Santa Fe and Santa Fe County have higher base

Violations may result in civil or criminal action.

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

NEW MEXICO & FEDERAL LABOR LAW POSTER

ATTENTION EMPLEADORES Y TRABAJADORES 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)

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

De Los Trabajadores

Línea De Asisencia Gratuita

1-866-WORKOP/ (1-866-967-5667)

PAYDAY NOTICE

Regular Paydays for Employees of

(Company Name) Shall be as follows:

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

If you can answer "YES"... To any of these questions or you owed extra tax when you filed your last eturn, 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 web site. **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. Publication 213

Internet o póngase en contacto con nosotros.

Identificación de

Afiliación Nupcial

o Condición

Relacionada

Género

o Física o Condiciones • Embarazo, Parto,

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

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.

Discapacidad Mental

Médicas Graves

Orientación Sexual

El acoso sexual y acoso basado en otras categorías protegidas

La Ley de Derechos Humanos prohíbe la discriminación en las áreas

de empleo, alojamiento, el acceso al crédito, y hospedaje público, y

Si usted siente que ha sido discriminado, comuníquese con el Buró

de Derechos Humanos por teléfono o complete el formulario de

www.dws.state.nm.us

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

Las quejas deben ser presentadas al Buró de Derechos

Humanos dentro de 300 días de que ocurrió el último acto de

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

www.dws.state.nm.us

prohíbe la represalia por quejas en cualquiera de estas áreas.

Las bases discriminatorias prohibidas incluyen:

Religión

(Rev. 8-2009)

Cat. No. 11047P

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.

Color

Sexo

Origen

Nacional

Ascendencia

están prohibidos por la Ley.

quejas por Internet en

CUMPLIMIENTO

crédito, y hospedaje público.

discriminación o acoso.

página por Internet en

Department of the Treasury

DISCRIMINATION

DISCRIMINACIÓN es contra la ley. DISCRIMINATION is against the law. If you feel that you have been discriminated against, Si siente que ha sido discriminado, visite nuestra página por

NEW MEXICO HUMAN RIGHTS ACT

visit our website or contact us.

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 de Igualdad de Oportunidades en el Empleo (Equal Employment enforce the provisions of federal law under Title VII of Opportunity Commission, EEOC) para hacer cumplir las the Civil Rights Act of 1964, the Age Discrimination in provisiones de la ley federal bajo el Título VII de la Ley de Derechos Employment Act of 1967 (ADEA), and the Americans with Disabilities Act of 1990 (ADA), all as amended. Prohibited discriminatory bases include:

• Physical or Mental Disability or Color Serious Medical Condition National Origin Sexual Orientation Gender Identity Ancestry Spousal Affiliation • Pregnancy, Childbirth, or **Related Condition** 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

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

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 www.dws.state.nm.us

Human Rights Bureau 1596 Pacheco Street, Santa Fe, NM 87505 Office: (505) 827-6838 • Toll-free: (800) 566-9471 Fax: (505) 827-6878



1596 Pacheco Street, Santa Fe. NM 87505 Oficina: (505) 827-6838 • Línea Gratuita: (800) 566-9471 Fax: (505) 827-6878

Buró de Derechos Humanos

WORKERS' COMPENSATION

WORKERS' COMPENSATION ACT

State of New Mexico Workers' Compensation Administration

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

about the accident within 15 days, using the Notice of Accident Form.

an information specialist known as an Ombudsman at the Workers' Compensation Administration Representative. (see box below).

Notice -- In most cases you must tell your employer 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. You have the right to information and assistance from 2) Usted tiene el derecho a información y ayuda contactán dose con

un especialista en información conocido como "Ombudsman" en la Administración para la Compensación a los Trabajadores. Claims information -- Contact your employer's Claims (3) Información acerca de Reclamaciones. -- Contáctese con el representante de reclamaciones de su compañía.

Su empleador / asegurador debe de pagar por los gastos médicos

Employer's Insurer / Claims Representative:

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

SUS DERECHOS

Si se lastima en el trabajo:

necesarios y razonables.

YOUR RIGHTS

Rev. 11/18

What happened?

Signed:

p.m., except holidays.

Farmington: (505) 599-9746 - 1 (800) 568-7310

Name:

f you are injured in a work-related accident: Your employer / insurer must pay all reasonable and

necessary medical costs. Es posible que usted tenga, o no tenga, el derecho de escoger el You may or may not have the right to choose your health care proveedor de servicios para la salud. Si su empleador / asegurador ovider. If your employer / insurer has not given you written no le ha dado instrucciones por escrito de guien es él que instructions about who chooses first, call an ombudsman. In selecciona primero, pregúntele o llame a un ombudsman. En una an emergency, get emergency medical care first. If you are off work for more than seven days, your employer Si usted está fuera del trabajo por más de siete días, su empleador insurer must pay wage benefits to partially offset your

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

emergencia, obtenga asistencia médica de emergencia primero. / 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 Ombudsmen are located at the following offices:

Albuquerque: Farmington: Hobbs: Las Cruces: Las Vegas: I-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 I-505-841-6000 1-505-599-9746 1-575-397-3425 1-505-524-6246 1-505-454-9251 1-505-623-3997

If You Need HELP Call:

Si Usted Necesita Ayuda Llame Al:

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. O

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

NOTICE OF ACCIDENT OR OCCUPATIONAL DISEASE DISABLEMENT

NOTICE OF ACCIDENT OR OCCUPATIONAL DISEASE DISABLEMENT NOTIFICACIÓN DE ACCIDENTE O ENFERMEDAD DE OFICIO n 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

¿Qué ocurrió?

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 me lastimé en un accidente en el trabajo o fui incapacitado was involved in an on-the-job accident or was disabled por enfermedad de oficio aproximadamente (time/a la(s) hora(s)) el y an occupational disease at approximately (date/fecha) Employee's social security number: Número de seguro social del empleado: Where did the accident occur? ¿Dónde ocurrió el accidente?

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 En caso afirmativo, el empleador tiene derecho a cambiar de days. If No, Worker has the right to change health care provider proveedor de atención médica después de 60 dias. En caso que after 60 days.

Completado por el empleador: Trabajador elegirá proveedor de atención médica. Yes___ No___ no elige, el trabajador tiene derecho a cambiar de proveedor de atención médica después de 60 dias INICIALES DEL TRABAJADOR

Trabajadores para información y asistencia. Las oficinas están abiertas

Santa Fe: (505) 476-7381

WORKER'S INITIALS

Signed/Notice Received: rma/Notificación recibida: (employer or representative/empleador o representante)

Workers' Compensation Administration office for information and

CRIMINAL PENALTIES. PREVIOUS NOA FORMS ARE STILL VALID FOR USE ----SEE BACK OF THIS FORM---Form NOA-1 Employer/employee: Each keep one copy. Empleador/empleado: Retener una copia. ----VER AL REVERSO DE ESTA FORMA-Worker -- For emergency medical care, go to any emergency Trabajador Para emergencias médicas vaya a cualquier clinica / hospital. Trabajadores y empleadores con preguntas acerca de la compensación Workers and Employers with questions about workers'

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

compensation may contact an Ombudsman at any New Mexico a cualquier oficina de la Administración de la Compensación de los

assistance. The offices are open Monday through Friday, 8 a.m. to 5 desde las ocho de la mañana hasta las cinco de la tarde de lunes a

Las Vegas: (505) 454-9251 - 1 (800) 281-7889

Statewide Helpline -- Linea 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 Las Cruces: (575) 524-6246 - 1 (800) 870-6826

viernes, con la excepción de dias festivos.

https://workerscomp.nm.gov

FMLA - FAMILY AND MEDICAL LEAVE ACT

LEAVE ENTITLEMENTS Eligible employees who work for a covered employer can take up *Special "hours of service" requirements apply to airline flight crew employees. to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons: REQUESTING LEAVE Generally, employees must give 30-days' advance notice of the need The birth of a child or placement of a child for adoption or foster care; To bond with a child (leave must be taken within 1 year of the child's birth or placement); To care for the employee's spouse, child, or parent who has a qualifying serious health

unable to perform the employee's job; For qualifying exigencies related to the foreign deployment of a military member who s the employee's spouse, child, or parent. the servicemember with a serious injury or illness. An employee does not need to use provide a written notice indicating what additional information is required. leave in one block. When it is medically necessary or otherwise permitted, employees

bstitutes accrued paid leave for FMLA leave, the employee must comply with the nployer's normal paid leave policies. pmeone for using or trying to use FMLA leave, opposing any practice made unlawful by leave rights.

the FMLA, or being involved in any proceeding under or related to the FMLA. ELIGIBILITY REQUIREMENTS An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must: Have worked for the employer for at least 12 months; Have at least 1,250 hours of service in the 12 months before taking leave;* and Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures. mployees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily <mark>activ</mark>ities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken eligible employee who is a covered servicemember's spouse, child, parent, or next of or certified. Employers can require a certification or periodic recertification supporting the kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for need for leave. If the employer determines that the certification is incomplete, it must EMPLOYER RESPONSIBILITIES Once an employer becomes aware that an employee's need may take leave intermittently or on a reduced schedule. Employees may choose, or an for leave is for a reason that may qualify under the FMLA, the employer must notify the employer may require, use of accrued paid leave while taking FMLA leave. If an employee employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility. Employers must notify its employees if leave will be ENEFITS & PROTECTIONS While employees are on FMLA leave, employers must designated as FMLA leave, and if so, how much leave will be designated as FMLA leave. continue health insurance coverage as if the employees were not on leave. Upon return from FMLA leave, most employees must be restored to the same job or one nearly Wage and Hour Division, or may bring a private lawsuit against an employer. The FMLA dentical to it with equivalent pay, benefits, and other employment terms and conditions. does not affect any federal or state law prohibiting discrimination or supersede any state

n employer may not interfere with an individual's FMLA rights or retaliate against or local law or collective bargaining agreement that provides greater family or medical **1-866-4-USWAGE** (1-866-487-9243) WWW.WAGEHOUR.DOL.GOV U.S. Department of Labor | Wage and Hour D

PAID SICK LEAVE

PAID SICK LEAVE

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



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

Employees accrue one hour of earned sick leave for every thirty hours Empleados acumulan una hora de ausencia por enfermedad ganada por cada treinta 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 commission basis. Employees may not contract out of or agree to waive their rights under the Act.

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 mit. Employers may select when the 12-month period begins.

USE OF PAID SICK LEAVE

requested by the employee.

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, 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

foreseeable, the employee must notify the employer as soon as practicable. tan pronto como sea posible. 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

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**

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 or attempting to exercise their rights under the Act. Employers may not retaliate because an employee raises concerns about violations of the

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 El Departamento de Soluciones de Fuerza Laboral de Nuevo México, la División

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. and/or penalties pursuant to the Act. For more details,

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 La Ley aplica a todo empleado—tiempo completo, tiempo parcial, temporada y temporal. La Ley también aplica a empleados que son asalariados, que reciben temporary. The Act also applies to employees who are salaried, tipped, propinas, o en un programa de pago por día, al igual que empleados que reciben

> 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. Émpleadores pueden seleccionar cuando comienza el período de 12 meses.

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

• 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 Reuniones relacionadas con la salud o discapacidad del hijo del empleado. Ausencia necesaria por y relacionada con abuso doméstico, agresión sexual o

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 The employee should notify the employer in advance when use of sick por enfermedad es previsible y debe hacer un esfuerzo razonable para programar la

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.

Un empleador debe dar aviso escrito o electrónico de los derechos de los empleados v 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

enfermedad como confidencial. **RETENCIÓN DE DOCUMENTOS** Empleadores deben mantener registros que documenten las horas trabajadas por los Employers must keep records documenting hours worked by employees

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 employee that is reasonably likely to deter employees from exercising 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

> 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.

> 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 oresencia 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. An employer found to be in violation of the Act will be liable for damages Un empleador que se encuentre en violación de la Ley será responsable de los daños v/o sanciones de conformidad con la Lev.

www.dws.state.nm.us

PROCESO DE DENUNCIA

EMPLOYEE POLYGRAPH PROTECTION ACT EMPLOYEE RIGHTS | EMPLOYEE POLYGRAPH PROTECTION ACT

from using lie detector tests either for pre-employment screening or during the **PROHIBITIONS** Employers are generally prohibited from requiring or requesting any imployee or job applicant to take a lie detector test, and from discharging, disciplining,

see the full text of the law and regulations, available at

r discriminating against an employee or prospective employee for refusing to take a est or for exercising other rights under the Act. aw does not apply to tests given by the Federal Government to certain private own court actions. kind of lie detector) tests to be administered in the private sector, subject to restrictions, o certain prospective employees of security service firms (armored car, alarm, and guard), and of pharmaceutical manufacturers, distributors and dispensers. The Act also

The Employee Polygraph Protection Act prohibits most private employers 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 individuals engaged in national security-related activities. The Act permits polygraph (a THE LAW REQUIRES EMPLOYERS TO DISPLAY THIS POSTER WHERE EMPLOYEES AND

NEW MEXICO JOB HEALTH AND SAFETY POSTER

IT'S THE LAW!

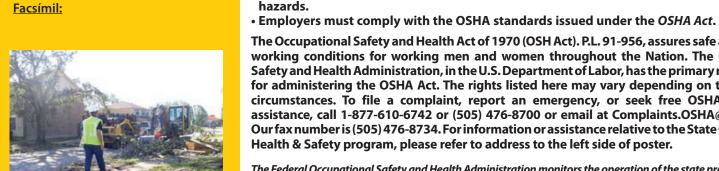
Employees: OSHA to keep your name confidential.

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.

 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



Site Address/La Dirección a la

525 Camino de los Marquez,

Mailing Address/Dirección de

Santa Fe, NM 87502-5469

Telephone No./Número de

Fax Number/Número de

505-476-8700 or 1-877-610-6742

Santa Fe, NM 87505

PO Box 5469

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

iLO ESTABLECE LA LEY! · Usted tiene el derecho de pedir a la OSHA de Nuevo Mexicó que realize una inspección si

Usted tiene 30 dias para presentar una queja ante la OSHA de Nuevo Mexicó si su empleador llaga 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 Mexicó. · Usted tiene el derecho de ver las citaciones enviadas por la OSHA a su empleador. Su

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.

conforme a la Ley OSH que sean aplicables a sus propias acciones y conducta en el trabajo. 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

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. La Administración de Salud y Seguridad Ocupacional Federal supervisa la operación del programa estatal para

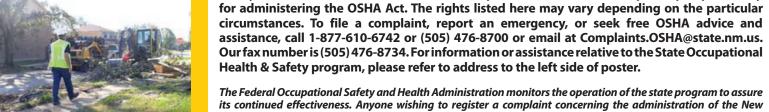
condiciones ocupacionales seguras y saludables para los hombres y las mujeres que

The Best Resource for Health and Safety El Major Recurso para la Salud y Seguridad

NM-0123-F03

• You have the right to notify your employer or OSHA about workplace hazards. You may ask

harmful substances or conditions.





R022607 MMP

usted piensa que en su trabajo existen condiciones peligrosas o poco saludables. Usted o su representante pueden participar en esa inspección.

· Usted debe cumplir con todas la normas de seguridad y salud ocupacionales expedidas

La Ley de Seguridad y Salud Ocupacionales de 1970 (la Ley), P.L. 91-596, garantiza

EMPLOYEE RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION **ATENCIÓN**

For the employee's own qualifying serious health condition that makes the employee

AUSENCIA POR ENFERMEDAD PAGADA

Aviso de Derechos de Empleados

or on a per-diem schedule, as well as employees paid on task, piece, or un pago por tarea, pieza o comisión. Empleados no pueden contratar o aceptar renunciar a sus derechos bajo la Ley.

Empleados pueden usar la ausencia por enfermedad acumulada para las siguientes

acoso sufrido por el empleado o su familiar.

USO DE AUSENCIA POR ENFERMEDAD

leave is foreseeable and make a reasonable effort to schedule the leave ausencia de modo que no interrumpa las operaciones comerciales. Cuando el uso de so it does not disrupt business operations. When use of sick leave is not la ausencia por enfermedad no sea previsible, el empleado notificará al empleador

> 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

represalias porque un empleado presente inquietudes sobre violaciones de la Ley, ejerza sus derechos bajo la Ley o participe en investigaciones o procedimientos Act, exercises their rights under the Act, or participates in investigations legales relacionados con presuntas violaciones de la Ley.

> 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

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

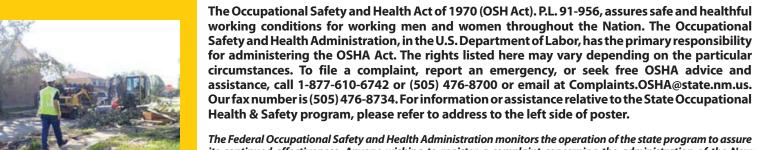
permits polygraph testing, subject to restrictions, of certain employees of private firms who are reasonably suspected of involvement in a workplace incident (theft, embezzlement, etc.) that resulted in economic loss to the employer. The law does not

OCCUPATIONAL SAFETY AND HEALTH PROTECTION

You Have a Right to a Safe and Healthful Workplace NEW MEXICO

> 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

> • You have the right to copies of your medical records or records of your exposure to toxic and





empleador debe colocar las citaciones en el lugar donde se encontraron las supuestas · Su empleador debe corregir los peligros en el lugar de trabajo para la fecha indicada en la

OSHA@state.nm.us. Número de facsímil - (505) 476-8734. 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.

EXEMPTIONS Federal, State and local governments are not affected by the law. Also, the assess civil penalties against violators. Employees or job applicants may also bring their

1-866-487-9243 TTY: 1-877-889-5627 WH1462 REV 07/16