EEOC - KNOW YOUR RIGHTS: WORKPLACE DISCRIMINATION IS ILLEGAL

What Employment Practices can be Challenged as

ory? All aspects of employment, including:

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. Retaliation for filing a charge, reasonably opposing Employees (current and former), including managers discrimination, or participating in a discrir and temporary employees lawsuit, investigation, or proceeding
• Interference, coercion, or threats related to exercising Job applicants Union members and applicants for membership in a union rights regarding disability discrimination or pregnancy

State and local governments (as employers) Educational institutions (as employers) Discharge, firing, or lay-off Harassment (including unwelcome verbal or Staffing agencies physical conduct) What Types of Employment Discrimination are Illegal? Under the EEOC's laws, an employer may not discriminate Hiring or promotion against you, regardless of your immigration status, on the Pay (unequal wages or compensation) • Failure to provide reasonable accommodation for a Race disability; pregnancy, childbirth, or related medical

hat Organizations are Covered

services, or family medical history)

Most private employers

Color

Sex (including pregnancy, childbirth, and related medical conditions, sexual orientation, or gender identity) Classification Age (40 and older) Genetic information (including employer requests for, or purchase, use, or disclosure of genetic tests, genetic

 Referral Obtaining or disclosing genetic information of employees • Requesting or disclosing medical information

condition; or a sincerely-held religious belief,

observance or practice

 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 interfered 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

(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:

limits for filing a charge of discrimination

https://publicportal.eeoc.gov/Portal/Login.aspx Call 1-800-669-4000 (toll free) 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) Protected Veteran Status The Vietnam Era Veterans' Readjustment Assistance Act of nforces the nondiscrimination and affirmative action commitments of companies 1974, as amended, 38 U.S.C. 4212, prohibits employment discrimination against, and loing business with the Federal Government. If you are applying for a job with, or are requires affirmative action to recruit, employ, and advance in employment, disabled 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 discrimination by Federal contractors under these Federal laws. Any person who believes mative action to ensure equality of opportunity in all aspects of employment. a contractor has violated its nondiscrimination or affirmative action obligations under Asking About, Disclosing, or Discussing Pay Executive Order 11246, as amended, protects applicants and employees of Federal contractors from discrimination based on The Office of Federal Contract Compliance Protects. The Office of Federal Contract Compliance Programs (OFCCP) U.S. Department of Labor 200 Constitution Avenue, N.W.

1-800-397-6251 (toll-free promotion, discharge, pay, fringe benefits, job training, classification, referral, and other spects of employment by Federal contractors. Disability discrimination includes not If you are deaf, hard of hearing, or have a speech disability, please dial 7–1–1 to access king reasonable accommodation to the known physical or mental limitations of an telecommunications relay services. OFCCP may also be contacted by submitting otherwise qualified individual with a disability who is an applicant or employee, barring a question online to OFCCP's Help Desk at https://ofccphelpdesk.dol.gov/s/, or by undue hardship to the employer. Section 503 also requires that Federal contractors take firmative action to employ and advance in employment qualified individuals with 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 which receive Federal financial assistance. Individuals with Disabilities Section 504 of Rights Act of 1964, as amended, Title VI of the Civil Rights Act of 1964, as amended, the Rehabilitation Act of 1973, as amended, prohibits employment discrimination on the prohibits discrimination on the basis of race, color or national origin in programs or activities receiving Federal financial assistance. Employment discrimination is covered by Discrimination is prohibited in all aspects of employment against persons with disabilities Title VI if the primary objective of the financial assistance is provision of employment, who, with or without reasonable accommodation, can perform the essential functions of or where employment discrimination causes or may cause discrimination in providing services under such programs. Title IX of the Education Amendments of 1972 prohibits which receives Federal financial assistance, you should immediately contact the Federal ployment discrimination on the basis of sex in educational programs or activities—agency providing such assistance.

Small Employers (10 or less employees)

Minimum Wage \$16.50

Overtime after 40 hours \$24.75

Tipped workers \$16.50

Overtime after 40 hours \$24.75

Remainder of New York State

Minimum Wage \$15.50

Overtime after 40 hours \$23.25

Tipped workers \$15.50

Overtime after 40 hours \$23.25

NEW YORK MINIMUM WAGE

WE ARE YOUR DOL **Attention Miscellaneous Industry Employees** NEW YORK STATE OF OPPORTUNITY OF Labor Minimum Wage hourly rates effective 1/1/2025 - 12/31/2025

> **New York City** Large Employers (11 or more employees)

Minimum Wage \$16.50 Overtime after 40 hours \$24.75

nquiring about, disclosing, or discussing their compensation or the compensation of

other applicants or employees. **Disability** Section 503 of the Rehabilitation Act of 1973,

s amended, protects qualified individuals with disabilities from discrimination in hiring,

isabilities at all levels of employment, including the executive level.

Tipped workers \$16.50 Overtime after 40 hours \$24.75 Long Island and Westchester County

Minimum Wage \$16.50 Overtime after 40 hours \$24.75

Credits and Allowances that may reduce your pay below the minimum wage rates shown above:

Tipped workers \$16.50 Overtime after 40 hours \$24.75 If you have questions, need more information or want to file a complaint, please visit www.labor.ny.qov/minimumwage or call: 1-888-469-7365.

wage rate, and cannot take any tip credit. Extra Pay you may be owed in addition to the minimum wage rates shown above: regular rate of pay (no less than amounts shown above) for weekly hours over 40 (or 44 for

employer must pay the full applicable minimum

residential employees). professionals, or for executives and administrative staff whose weekly salary is more than 75 times the minimum wage rate.

your employer sends you home early, you may be entitled to extra hours of pay at the minimum wage rate for that day.

Exceptions: Overtime is not required for salaried • Spread of hours – If your workday lasts longer than ten hours, you may be entitled to extra daily pay. The daily rate is equal to one hour of pay at the minimum wage rate.

Tips - Beginning December 31, 2020, your • Meals and lodging - Your employer may claim a limited amount of your wages for meals and lodging

Overtime – You must be paid 1½ times your • Call-in pay – If you go to work as scheduled and • Uniform maintenance – If you clean your own uniform, you may be entitled to additional weekly pay. The weekly rates are available online. Minimum Wage Poster

that they provide to you, as long as they do not charge you anything else. The rates and requirements

Post in Plain View LS 207 (12/24)

UNEMPLOYMENT INSURANCE ATTENTION EMPLOYERS NOTICE REGARDING UNEMPLOYMENT INSURANCE

iable for Unemployment Insurance, please contact, 1-800-829-3676.

The New York State unemployment insurance program, which is administered by Upon registration, employers (except household employers) will receive a the State Labor Department, provides immediate, short-term financial protection poster, "Notice to Employees", IA 133, which informs their workers that their jobs for people who are out of work through no fault of their own. It is financed by are protected by unemployment insurance. It must be posted where it may employers through a tax on their payrolls. If you pay compensation to individuals easily be seen by employees. Additional copies may be obtained by contacting for their services, you may be liable for Unemployment Insurance and Withholding the nearest Unemployment Insurance Tax Services Office or the Department of taxes and wage reporting responsibilities. In order to determine if your business is Labor, Registration Subsection at 518-457-4179.

are set forth in wage orders and summaries, which are available online.

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 SITIONS 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 THE LAW REQUIRES EMPLOYERS TO DISPLAY THIS POSTER WHERE EMPLOYEES kind of lie detector) tests to be administered in the private sector, subject to restrictions, AND JOB APPLICANTS CAN READILY SEE IT. 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, nbezzlement, etc.) that resulted in economic loss to the employer. The law does not

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.

preempt any provision of any State or local law or any collective bargaining agreement

WAGE AND HOUR DIVISION UNITED STATES DEPARTMENT OF LABOR 1-866-487-9243

DISCRIMINATION



1-888-392-3644 WWW.DHR.NY.GOV

THIS ESTABLISHMENT IS SUBJECT TO THE NEW YORK STATE HUMAN RIGHTS ESTE ESTABLECIMIENTO ESTÁ SUJETO A LA LEY DE DERECHOS HUMANOS DEL ESTADO DE NUEVA YORK (LEY EJECUTIVA, SECCIÓN 15)

LAW (EXECUTIVE LAW, ARTICLE 15) Discrimination based upon age, race, creed, color, national origin, sexual La ley de derechos humanos del estado de nueva york prohíbe la discriminación orientation, military status, sex, pregnancy, gender identity or expression, por edad, raza, credo, color, origen nacional, orientación sexual, estatus citizenship or immigration status, disability, domestic violence victim status, familial status, or marital status is prohibited by the New York migratorio, discapacidad, estado como víctima de violencia doméstica, estado State Human Rights Law. Sexual harassment or harassment based upon any of these protected classes also is prohibited

ALL EMPLOYERS, EMPLOYMENT AGENCIES, LABOR ORGANIZATIONS AND APPRENTICESHIP TRAINING PROGRAMS Also prohibited: discrimination in employment on the basis of Sabbath observance or religious practices; hairstyles associated with race (also applies

to all areas listed below); prior arrest or conviction record; predisposing genetic characteristics; pregnancy-related conditions. Reasonable accommodations for persons with disabilities and pregnancyrelated conditions including lactation may be required. A reasonable accommodation is an adjustment to a job or work environment that enables

discrimination described above.

CLUDING ACTIVITIES OF REAL ESTATE BROKERS AND SALES PEOPLE Also prohibited: discrimination on the basis of lawful source of income (for example housing vouchers, disability benefits, child support); familial status (families with children or being pregnant); prior arrest or sealed conviction; commercial boycotts or blockbusting Reasonable accommodations and modifications for persons with disabilities

may also be required. Does not apply to: (1) rental of an apartment in an owner-occupied two-family house

(2) restrictions of all rooms in a housing accommodation to individuals of the (3) rental of a room by the occupant of a house or apartment

(4) sale, rental, or lease of accommodations of housing exclusively to persons 55 years of age or older, and the spouse of such persons ALL CREDIT TRANSACTIONS INCLUDING FINANCING FOR PURCHASE,

MAINTENANCE AND REPAIR OF HOUSING PLACES OF PUBLIC ACCOMMODATION SUCH AS RESTAURANTS, HOTELS, HOSPITALS AND MEDICAL OFFICES, CLUBS, PARKS AND GOVERNMENT

Exception: Age is not a covered classification relative to public accommodations Reasonable accommodations for persons with disabilities may also be required. All public schools and private nonprofit schools, at all education levels, excluding those run by religious organizations; also for-profit colleges,

universities, licensed private career schools or certified English as a second

ADVERTISING AND APPLICATIONS RELATING TO EMPLOYMENT, REAL ESTATE, PLACES OF PUBLIC ACCOMMODATION AND CREDIT TRANSACTIONS MAY NOT EXPRESS ANY DISCRIMINATION A complaint must be filed with the Division within one year for alleged acts

of discrimination that occurred on or before 2/14/2024. Complaints for acts of discrimination that occur on or after 2/15/2024 may be filed within three years of the alleged act. A complaint alleging sexual harassment in employment that occurred on or after 08/12/2020 may be filed with three years of the alleged act. The Division's services are provided free of charge. If you wish to file a complaint in State Court, you may do so within three years of the discrimination. You may not file both with the Division and the State Court.

Retaliation for filing a complaint or opposing discriminatory practices is prohibited. You may file a complaint with the Division if you have been FOR FURTHER INFORMATION, WRITE OR CALL THE DIVISION'S NEAREST OFFICE. HEADQUARTERS: ONE FORDHAM PLAZA, 4TH FLOOR, BRONX, NY 10458

militar, sexo, embarazo, identidad o expresión de género, ciudadanía o estatus familiar, o estado civil. También está prohibido el acoso sexual o el acoso por cualquiera de estas clases protegidas.

TODOS LOS EMPLEADORES. AGENCIAS DE EMPLEO. ORGANIZACIONES DE TRABAJO Y PROGRAMAS DE CAPACITACIÓN DE APRENDICES Asimismo, está prohibida la discriminación en el empleo sobre la base de la observancia del Shabat o prácticas religiosas; peinados asociados con la raza (también se aplica a las áreas enumeradas a continuación) arresto previo o

antecedentes penales; las características genéticas predisponentes; las condiciones relacionadas con el embarazo. Es posible que sea necesario hacer acomodos razonables para personas con discapacidades y condiciones relacionadas con el embarazo incluyendo lactación. Un arreglo razonable es una adaptación a un trabajo o entorno laboral que permita que una persona con discapacidad realice las tareas esenciales de un trabajo de

a person with a disability to perform the essential functions of a job in a Also covered: domestic workers; interns and nonemployees working in the También están cubiertos: trabajadores domésticos; internos y no empleados workplace (for example temp or contract workers) are protected from all cuales trabajan en el lugar de trabajo (por ejemplo trabajadores temporarios o contratantes) están protegidos de toda discriminación descrita arriba.

RENTAL, LEASE OR SALE OF HOUSING, LAND AND COMMERCIAL SPACE, ALQUILER, ARRENDAMIENTO O VENTA DE VIVIENDA, TERRENO O ESPACIO También esta prohibido: la discriminación a base de fuente de ingreso legal (por

ejemplo vales, beneficios de discapacidad, manutención de niños); estado familiar familias con niños o en estado de embarazo); arresto previo o condena sellada; boicot comercial o acoso inmobiliario. También es posible que sea necesario realizar modificaciones y arreglos razonables para personas con discapacidades.

(1) alquiler de un apartamento en una casa para dos familias ocupada por el dueño (2) restricciones de todas las habitaciones en una vivienda para individuos del (3) alquiler de una habitación por parte del ocupante de una casa o apartamento

(4) venta, alquiler o arrendamiento de alojamiento en una casa exclusivamente a personas mayores de 55 años y al cónyuge de dichas person TODAS TRANSACCIONES CREDITICIAS INCLUYENDO FINANCIAMENTO PARA LA COMPRA, MANTENIMIENTO Y REPARACION DE VIVIENDAS LUGARES DE ALOJAMIENTO PÚBLICO, COMO RESTAURANTES, HOTELES,

HOSPITALES Y CONSULTORIOS MÉDICOS, CLUBS, PARQUES Y OFFICINAS DEL La edad no es una clasificación cubierta respecto a los alojamientos públicos. Es posible

que sea necesario realizar arreglos razonables para personas con discapacidades. Todas las escuelas publicas y escuelas privadas sin ánimo de lucro, en todos los niveles, excluyendo escuelas dirigidas por organizaciones religiosas; también están cubiertos: escuelas profesionales autorizadas o escuelas certificadas de inglés

PUBLICIDAD Y SOLICITUDES RELACIONADAS CON EL EMPLEO, LOS NMUEBLES, LOS LUGARES DE ALOJAMIENTO PÚBLICO Y LAS TRANSACCIONES CREDITICIAS NO DEBEN EXPRESAR NINGUN ACTO DISCRIMINATORIO Para actos que ocurran el 14/02/2024 o antes, debe presentar su querella en u plazo de un año a partir del acto más reciente de presunta discriminación. Para actos realizados a partir del 15/02/2024, debe presentar su querella en un plazo de tres años posterior al acto más reciente de presunta discriminación. Una denuncia que alega acoso sexual en el empleo que ocurrió a partir del 12/08/2020 puede presentarse con tres años del presunto acto. Los servicios de la División se ofrecen sin cargo. Si desea presentar una demanda ante el Tribunal Estatal, puede hacerlo dentro de los tres años desde que ocurriera la discriminación. No puede presentar una

demanda ante la División y ante el Tribunal Estatal. Se prohíben las represalias por presentar una demanda u oponerse a prácticas liscriminatorias. Puede presentar una demanda ante la División si sufrió represalias. PARA OBTENER MÁS INFORMACIÓN, ESCRIBA O LLAME A LA OFICINA MÁS CERCANA DE LA DIVISIÓN. OFICINA CENTRAL: ONE FORDHAM PLAZA. 4TH FLOOR, BRONX, NY 10458

WORKERS' COMPENSATION

Employers must obtain and keep in effect workers' compensation coverage for This notice is in a form prescribed by the Workers' Compensation Board. their employees; there must be no lapse in coverage even when switching Employers obtain the notice from their insurance carrier or, if self-insured, from insurance carriers. The law requires almost all employers operating in New York the Board. The notice includes the name and address of the insurance carrier State to have workers' compensation and disability coverage for their and the policy number of the employer. It must be posted in a conspicuous employees. This requirement can be fulfilled by purchasing insurance coverage place in the employer's place of business. Violations of this requirement can be self-insured.

through an insurance carrier or by obtaining authorization from the Board to result in a fine of up to \$250 per violation. Employers must post a notice of workers' compensation coverage and employee rights.

DISABILITY BENEFITS LAW

An employer who has had in New York State employment 1 or more least one employee who works 40 or more hours per week for that one employees on each of at least 30 days in any calendar year shall be a employer. (NOTE: Prior to January 1, 1984, employers are subject only if "covered employer" subject to the Disability Benefits Law after the expiration of 4 weeks following the 30th day of such employment. These 30 days of employment need not be consecutive days but must be work days of employment in one calendar year. In addition to the abovestated provisions, effective January 1, 1984, employers of personal or

they have 4 or more employees.)

Each covered employer must post and maintain conspicuously at the place or places of business a prescribed form, Notice of Compliance, stating the provisions have been made for the payment of Disability Benefits to all eligible employees. To obtain the Notice of Compliance, please contact your Disability Insurance Carrier.

FEDERAL MINIMUM WAGE

EMPLOYEE RIGHTS UNDER THE FAIR LABOR STANDARDS ACT

OVERTIME PAY At least 1 ½ times your regular rate of pay for all hours worked over 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. ouths 14 and 15 years old may work outside school hours in various non-manufacturing, on-mining, non-hazardous jobs with certain work hours restrictions. Different rules

domestic employees in a private home are subject if they employ at

apply in agricultural employment CREDIT Employers of tipped employees 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 • Some state laws provide greater employee protections; employers must comply cash wage of at least \$2.13 per hour do not equal the minimum hourly wage, the

UMP AT WORK The FLSA requires employers to provide reasonable break time for a nursing employee to express breast milk for their nursing child for one year after the child's birth each time the employee needs to express breast milk. Employers must 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 **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

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 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 Special provisions apply to workers in American Samoa, the Commonwealth of the 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. · 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



BLOOD DONATION LEAVE

the employee's regular work schedule. Employers are not required to allow off-premises blood donation leave under Labor Law § 202-i to accrue if it is not used during the

Section 202-j of the Labor Law mandates that employers provide leave time to employees for the purpose of donating blood. The two types of blood donation leaves are Offises Blood Donation and Donation Leave Alternatives ion for Leave - Leave granted to employees for off-premises blood donation is not required to be paid leave. leave taken by employees for donation leave alternatives shall be paid leave given without requiring the employee to use accumulated vacation, personal, sick, or other already existing leave time. Off-Premises Donation - Employees taking leave for off-premises blood donation shall be permitted at least one leave period per calendar year of three hours duration during

calendar year. Leave granted to employees for off-premises blood donation is not required to be paid leave. ation Leave Alternatives - Leave for blood donation leave alternatives shall be given twice per calendar year and it shall be paid leave given without use of vacation, personal, sick, or other already existing leave accruals. Under the Donation Leave Alternatives, the donating of blood should be at a convenient time and place set by the employer. The time shall not be a time outside an employee's normal work hours nor shall the location be not reasonable travel distance for an employee. If an employee provides prompt notice that he or she is not or was not able to participate in a blood donation leave alternative because the employee is or was on leave (such as sick or vacation leave), and if as a result the employer has not provided the employee with the opportunity to participate in at least two blood leave alternatives during working hours in a calendar year, the employer must either make available another such alternative to the employee, or allow the employee to take leave to make an off-premises donation. Employees donating blood during a blood donation leave alternative must be allowed sufficient leave time necessary to donate blood, to recover, including partaking nourishment after donating, and to return to work.

Our company's blood donation will occur: _ Please indicate time and place Should you have any questions, please contact: Please indicate administrator

> PAYDAY NOTICE **Regular Paydays for Employees of** Matco Electric

(Company Name) Shall be as follows:

Bi-Weekly

Payrol1/HR

WITHHOLDING STATUS YOU MAY NEED TO CHECK YOUR WITHHOLDING See your employer for a copy of Form W-4 or call the IRS at 1-800-829-3676. Now is the

Since you last filed form W-4 with your employer did you... Marry or divorce? Gain or lose a dependent? Change your name

Becky Johnson

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 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.

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.

time to check your withholding.
For more details, get Publication 919, How Do I Adjust My Tax Withholding?, or use the

Publication 213

(Rev. 8-2009)

Department of the Treasury Internal Revenue Service www.irs.gov

NO SMOKING Effective July 24, 2003, the amended New York State Clean Indoor Air Act (Public Health Law, Article 13-E) prohibits smoking in virtually all workplaces, including restaurants and bars. The changes in the Act reflect the state's commitment to ensuring that all workers are protected from secondhand smoke. Localities may continue to adopt and enforce local laws regulating smoking. However, these regulations must be at least as strict as the Clean Indoor Air Act. STATE OF NEW YORK - Department of Health - Antonia C. Novello, M.D., M.P.H., Dr. P.H., Commissioner

RIGHT TO VOTE

ATTENTION ALL EMPLOYEES TIME ALLOWED EMPLOYEES TO VOTE ON ELECTION DAY

N.Y. ELECTION LAW SECTION 3-1101 STATES THAT: • IF YOU DO NOT HAVE <u>4 CONSECUTIVE HOURS TO VOTE</u>, EITHER FROM THE OPENING OF THE POLLS TO THE BEGINNING OF YOUR WORKING SHIFT, OR BETWEEN THE END OF YOUR WORKING SHIFT AND THE CLOSING OF THE POLLS, YOU MAY TAKE OFF UP TO 2 HOURS, WITHOUT LOSS OF PAY, TO ALLOW YOU TIME TO VOTE IF YOU ARE

PAID FAMILY LEAVE NOTICE

Most private employers with one or more employees are required to obtain Paid

If you are self-insured, you can get this notice by contacting the NYS

Workers' Compensation Board at <u>certificates@wcb.ny.gov</u>.

Post and maintain this notice in plain view.

Division of Labor Standars

Harriman State Office Campus

OTHERWISE MUTUALLY AGREED. • YOU MUST NOTIFY YOUR EMPLOYER NOT LESS THAN 2 DAYS, BUT NOT MORE THAN 10 DAYS, BEFORE THE DAY OF THE ELECTION THAT YOU A REGISTERED VOTER WILL TAKE TIME OFF TO VOTE Employers: Not less than ten working days before any Election Day, every employer shall post conspicuously in the place of work where it can be seen as employees come or go to their place of work, a notice setting forth the provisions of this law. Such notice shall be kept posted until the close of the polls on Election Day.

Family Leave insurance. Your insurance carrier will provide you with a notice to employees (Notice of Compliance) stating that you have Paid Family Leave insurance. The Notice will include information about your carrier.

For more information about the Act, call 1-800-458-1158, ext. 2-7600

t is illegal to discriminate against work-authorized individuals.

ANTI-DISCRIMINATION NOTICE

• YOU MAY TAKE TIME OFF AT THE BEGINNING OR END OF YOUR

WORKING SHIFT, AS YOUR EMPLOYER MAY DESIGNATE, UNLESS

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

would result in a destruction of evidence or other concealment of the

(c) such activity, policy or practice could reasonably be expected to lead to

(d) the employee reasonably believes that reporting to the supervisor would

(e) the employee reasonably believes that the supervisor is already aware

of the activity, policy or practice and will not correct such activity, policy

this section may institute a civil action in a court of competent jurisdiction

for relief as set forth in subdivision five of this section within two years after

which the alleged retaliatory action occurred, in the county in which

the complainant resides, or in the county in which the employer has

its principal place of business. In any such action, the parties shall be

the retaliatory action was predicated upon grounds other than the

(b) Any action authorized by this section may be brought in the county in

(c) It shall be a defense to any action brought pursuant to this section that

5. Relief. In any action brought pursuant to subdivision four of this section,

(b) the reinstatement of the employee to the same position held before

ployee's exercise of any rights protected by this section.

(a) an injunction to restrain continued violation of this section;

result in physical harm to the employee or any other person; or

www.labor.ny.gov

WHISTLEBLOWER PROTECTION Notice of Employee Rights, Protections, and NEW YORK STATE OF OPPORTUNITY. Department of Labor

activity, policy or practice;

entitled to a jury trial.

or practice.

endangering the welfare of a minor;

the alleged retaliatory action was taken.

Prohibited Retaliatory Personnel Action by Employers Building 12, Albany, NY 12226 Effective January 26, 2022 §740. Retaliatory action by employers; prohibition. (c) objects to, or refuses to participate in any such activity, policy or practice. 1.Definitions. For purposes of this section, unless the context specifically 3. Application. The protection against retaliatory action provided by paragraph (a) of subdivision two of this section pertaining to disclosure to a public body dicates otherwise (a) "Employee" means an individual who performs services for and under the shall not apply to an employee who makes such disclosure to a public body unless the employee has made a good faith effort to notify his or her employee

Obligations Under Labor Law Section 740

control and direction of an employer for wages or other remuneration. by bringing the activity, policy or practice to the attention of a supervisor of including former employees, or natural persons employed as independent the employer and has afforded such employer a reasonable opportunity to contractors to carry out work in furtherance of an employer's business correct such activity, policy or practice. Such employer notification shall not enterprise who are not themselves employers b) "Employer" means any person, firm, partnership, institution, corporation, be required where: (a) there is an imminent and serious danger to the public health or safety; or association that employs one or more employees. c) "Law, rule or regulation" includes: (i) any duly enacted federal, state or (b) the employee reasonably believes that reporting to the supervisor local statute or ordinance or executive order; (ii) any rule or regulation

promulgated pursuant to such statute or ordinance or executive order; or

iii) any judicial or administrative decision, ruling or order.

office, or police or peace officer;

YOUR RIGHTS UNDER USERRA

service in the uniformed service and:

other than honorable conditions.

REEMPLOYMENT RIGHTS

of service; and

d) "Public body" includes the following (i) the United States Congress, any state legislature, or any elected local overnmental body , or any member or employee thereof; any federal, state, or local court, or any member or employee thereof, or any grand or petit jury; iii) any federal, state, or local regulatory, administrative, or public agency or authority, or instrumentality thereof; 4. Violation: remed (a) An employee who has been the subject of a retaliatory action in violation of (iv) any federal, state, or local law enforcement agency , prosecutorial

v) any federal, state or local department of an executive branch of

vi) any division, board, bureau, office, committee, or commission of any of the public bodies described in subparagraphs (i) through (v) of this 'Retaliatory action" means an adverse action taken by an employer or his or her agent to discharge, threaten, penalize, or in any other manner discriminate against any employee or former employee exercising his or her rights under this section, including (i) adverse employment actions or threats to take such adverse employment actions against an employee n the terms of conditions of employment including but not limited to discharge, suspension, or demotion; (ii) actions or threats to take such actions that would adversely impact a former employee's current or future employment; or (iii) threatening to contact or contacting United States nmigration authorities or otherwise reporting or threatening to report an employee's suspected citizenship or immigration status or the suspected tizenship or immigration status of an employee's family or household nember, as defined in subdivision two of section four hundred fifty-nine-a of the social services law, to a federal, state, or local agency. "Supervisor" means any individual within an employer's organization

action regarding the violation of the law, rule or regulation of which the employee complains 2. Prohibitions. An employer shall not take any retaliatory action against an employee, whether or not within the scope of the employee's job duties, because such employee does any of the following a) discloses, or threatens to disclose to a supervisor or to a public body an 7. Existing rights. Nothing in this section shall be deemed to diminish the rights, activity, policy or practice of the employer that the employee reasonably believes is in violation of law, rule or regulation or that the employee

affected employee; or who has managerial authority to take corrective

reasonably believes poses a substantial and specific danger to the public 8. Publication. Every employer shall inform employees of their protections health or safety: b) provides information to, or testifies before, any public body conducting an investigation, hearing or inquiry into any such activity, policy or practice by such employer; or

THE UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT

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

cases, a comparable job.

RIGHT TO BE FREE FROM DISCRIMINATION AND RETALIATION

under USERRA, even if that person has no service connection.

the retaliatory action, or to an equivalent position, or front pay in lieu (c) the reinstatement of full fringe benefits and seniority rights; (d) the compensation for lost wages, benefits and other remuneration; (e) the payment by the employer of reasonable costs, disbursements, and attorney's fees; who has the authority to direct and control the work performance of the

the court may order relief as follows

(f) a civil penalty of an amount not to exceed ten thousand dollars; and/or (g) the payment by the employer of punitive damages, if the violation was willful, malicious or wanton. 6. Employer relief. A court, in its discretion, may also order that reasonable attorneys' fees and court costs and disbursements be awarded to an employer if the court determines that an action brought by an employee under this section was without basis in law or in fact. privileges, or remedies of any employee under any other law or regulation or under any collective bargaining agreement or employment contract. rights and obligations under this section, by posting a notice thereof. Such notices shall be posted conspicuously in easily accessible and well-lighted places customarily frequented by employees and applicants for employment

To Be Posted Conspicuously in easily accessible and well-lighted places

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customarily frequented by employees and applicants for employment.

USERRA - 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 HEALTH INSURANCE PROTECTION by have the right to be reemployed in your civilian job if you leave that job to perform • 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 you ensure that your employer receives advance written or verbal notice of

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

you have not been separated from service with a disqualifying discharge or under The U.S. Department of Labor, Veterans Employment and Training Service (VETS) is f you are eligible to be reemployed, you must be restored to the job and benefits you authorized to investigate and resolve complaints of USERRA violations. would have attained if you had not been absent due to military service or, in some • 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 http://www.dol.gov/vets. An interactive online USERRA Advisor can be viewed at If you: • are a past or present member of the uniformed service; • have applied for https://webapps.dol.gov/elaws/vets/userra mbership in the uniformed service; or • are obligated to serve in the uniformed If you file a complaint with VETS and VETS is unable to resolve it, you may request service; then an employer may not deny you: • initial employment; • reemployment that your case be referred to the Department of Justice or the Office of Special etention in employment; • promotion; or • any benefit of employment, because of Counsel, as applicable, for represe You may also bypass the VETS process and bring a civil action against an employer for violations of USERRA.

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

LICENSURE AND EMPLOYMENT OF PERSONS PREVIOUSLY CONVICTED OF ONE OR MORE CRIMINAL OFFENSES

Section 750. Definitions. 751. Applicability. 752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited

753. Factors to be considered concerning a previous criminal conviction; presumption. 754. Written statement upon denial of license or employment.

NEW YORK CORRECTION LAW ARTICLE 23-A NEW YORK CORRECTION LAW ARTICLE 23-A

Information for military personnel and veterans: tax.ny.gov/pit/file/military_page.htm

EDUCATION, WORKFORCE, AND TRAINING RESOURCES

Veteran Readiness and Employment (VR&E) Program:

www.benefits.va.gov/vocrehab

New York State Civil Service Credits for Veterans Program: www.cs.ny.gov

NYS Domestic and Sexual Violence Hotline

NYS Workplace Sexual Harassment Hotline:

the Experience Counts program, and more.

Property tax exemptions: tax.ny.gov/pit/property/exemption/vetexempt.htm

755. Enforcement. §750. Definitions. For the purposes of this article, the following terms shall have the following meanings: (1) "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission. (2) "Private employer" means any person, company corporation, labor organization or association which employs ten or more persons. (3) "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question. (4) "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or

profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm. (5) "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purposes of this article, include membership in any law enforcement agency. §751. Applicability. The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee. §752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited. No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable, shall be denied or acted upon adversely by reason of the individual's having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of "good moral character" when such finding is based upon the fact that the individual has previously been convicted of one or more criminal offenses, unless: 1) There is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or (2) the issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public. §753. Factors to be considered concerning a previous criminal conviction; presumption. 1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors: (a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses. (b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person. (c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities. (d) The time which has elapsed since the occurrence of the criminal offense or offenses. (e) The age of the person at the time of occurrence of the criminal offense or offenses. (f) The seriousness of the offense or offenses. (g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct. (h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public. 2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein. 5754. Written statement upon denial of license or employment. At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial. §755. Enforcement. 1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules. 2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.

VETERAN BENEFITS AND SERVICES

VETERAN BENEFITS AND SERVICES
The following resources and hotlines are available at The following resources and hot lines are available at no-cost to help veterans understand their rights, protections, benefits, and accommodations:dol.ny.gov/veteran-benefits-and-services All calls and texts are free and confidential **NYS Department of Tax and Finance**

Line: www.veteranscrisisline.net Call: 988, press 1 Text: 838255 Suicide and Crisis Lifeline: www.veteranscrisisline.net Text: 988 Chat: crisistextline.org NYS Office of Mental Health (OMH): www.omh.nv.gov NYS Office of Addiction Services and Supports (OASAS): www.oasas.ny.gov/hopeline

U.S. Department of Veterans Affairs Veterans Crisis

Call: 1-877-8-HOPENY (467469) Text: HOPENY (467369) **LEGAL SERVICES** Veterans Treatment Courts (VTC): ww2.nycourts.gov/courts/problem_solving/vet/courts.shtml Email: ProblemSolving@courts.state.ny.us NYS Defenders Association Veteran Defense Program: https://www.nysda.org/page/VDP

health care, and more.

NEW YORK DIVISION OF VORK Veterans' Services

Call: 1-800-HARASS-3 **NYS Department of Motor Vehicles:** Veteran Status Designation Photo Document: dmv.ny.gov/more-info/veteran-statusdesignation-photo-document Veteran License Plate: dmv.ny.gov/plates/military-and-veterans **NEW YORK STATE DIVISION OF VETERANS' SERVICES** NEW YORK STATE DEPARTMENT OF LABOR VETERANS' PROGRAM Website: veterans.ny.gov Website: dol.ny.gov/services-veterans Help Line: 1-888-838-7697 Email: DVSInfo@veterans.ny.gov Help Line: 1-888-469-7365 Email: Ask.Vets@labor.ny.gov Services: Legal, education, employment and volunteer, financial, Services: Workforce and training resources, unemployment insurance,

> The New York State Department of Labor is an Equal Opportunity Employer/Program. Auxiliary aides and services are available upon request and free of charge to individuals with disabilities TTY/TDD 711 or 1-800-662-1220 (English) / 1-877-662-4886. P37 (2/24)

WE ARE YOUR DOL NEW YORK Department of Labor

FMLA - FAMILY AND MEDICAL LEAVE ACT

Your Employee Rights Under the Family and Medical Leave Act How do I request FMLA leave? Generally, to request FMLA leave you must: 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

 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 oyees. Eligible employees can take **up to 12 workweeks** of FMLA leave in a must also inform your employer if FMLA leave was previously taken or approved for the 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

Certain qualifying reasons related to the foreign deployment of your spouse, child or nation 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 An eligible employee who is the spouse, child, parent or next of kind of a covered imitations 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. mber with a serious injury or illness <u>may</u> take up to 26 workweeks of FMLA leave in a single 12-month period to care for the servicemember. You have the right to 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, 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 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 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.

dentical 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

employer <u>must</u> confirm whether you are eligible or not eligible for FMLA leave. If your employer determines that you are eligible, your employer <u>must</u> notify you in writing: About your FMLA rights and responsibilities, and How much of your requested leave, if any, will be FMLA-protected leave. You work for a **covered employer** if <u>one</u> of the following applies:

You work for a private employer that had at least 50 employees during at least 20

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

federal employees are covered by Title II of the FMLA, administered by the Office of Personnel Management.

DISCRIMINATION AGAINST CERTAIN ACTIVITIES New York Labor Law 201-d. Discrimination against the engagement in certain activities

a. "Political activities" shall mean (i) running for public office, (ii) campaigning for a candidate for public office, or (iii) participating in fund-raising activities for the benefit of a candidate, political party or political advocacy group; o. "Recreational activities" shall mean any lawful, leisure-time activity, for which the employee receives no compensation and which is generally engaged in for recreational purposes, including but not limited to sports, games, hobbies, exercise, reading and the viewing of television, movies and similar material "Work hours" shall mean, for purposes of this section, all time, including paid and unpaid breaks and meal periods, that the employee is suffered, permitted or expected to be engaged in work, and all time the employee is actually engaged in work. This definition shall not be referred to in determining hours worked for which an employee is entitled to compensation under any law including article nineteen of this chapter; d. "Political matters" shall mean matters relating to elections for political office, political parties, legislation, regulation and the decision to join or support any political party or political, civic, community, fraternal or labor organization;

ligious matters" shall mean matters relating to religious affiliation and practice

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 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 public agency, such as a local, state or federal government agency. Most

-month period for:

parent who is a military servicemember.

use FMLA leave in one block of time.

Am I eligible to take FMLA leave?

. Definitions. As used in this section:

nours each day or week. Read Fact Sheet #28M(c) for more information

You are an **eligible employee** if **all** of the following apply:

workweeks in the current or previous calendar year.

You work for an elementary or public or private secondary school, or

and the decision to join or support any religious organization or association.

Unless otherwise provided by law, it shall be unlawful for any employer or employment agency to refuse to hire, employ or license, or to discharge from employment or otherwise discriminate against an individual in compensation, promotion or terms, conditions or privileges of employment because of:
a. an individual's political activities outside of working hours, off of the employer premises and without use of the employer's equipment or other property, if such activities are legal, provided, however, that this paragraph shall not apply to persons whose employment is defined in paragraph six of subdivision (a) of section seventy nine-h of the civil rights law, and provided further that this paragraph shall not apply to persons who would otherwise be prohibited from engaging in political activity pursuant to chapter 15 of title 5 and subchapter III of chapter 73 of title 5 of the USCA; an individual's legal use of consumable products, including cannabis in accordance with state law, prior to the beginning or after the conclusion of the employee's work hours, and off of the employer's premises and without use of the employer's quipment or other property;

d. an individual's membership in a union or any exercise of rights granted under Title 29, USCA, Chapter 7 or under article fourteen of the civil service law; or an individual's refusal to: (i) attend an employer-sponsored meeting with the employer or its agent, representative or designee, the primary purpose of which is to communicate the employer's opinion concerning religious or political matters; or (ii) listen to speech or view communications, the primary purpose of which is to communicate the employer's opinion concerning religious or political matters.

The provisions of subdivision two of this section shall not be deemed to protect activity a. creates a material conflict of interest related to the employer's trade secrets, proprietary information or other proprietary or business interest: b. with respect to employees of a state agency as defined in sections seventy-three and seventy-four of the public officers law respectively, is in knowing violation of 8. Nothing in this section shall prohibit: (i) an employer or its agen

employer's equipment or other property;

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NEW YORK STATE of Labor

(i) a seniority system;

(ii) a merit system;

irective, or other rule which has been issued by the attorney general regulating outside employment or activities that could conflict with employees' performance with respect to employees of any employer as defined in section twenty-seven-a of this chapter, is in knowing violation of a provision of a collective bargaining agreement concerning ethics, conflicts of interest, potential conflicts of interest, or the proper discharge of official duties; with respect to employees of any employer as defined in section twenty-seven-a of this chapter who are not subject to section seventy-three or seventy-four of the public officers law, is in knowing violation of article eighteen of the general municipal law or any local law, administrative code provision, charter pro or rule or directive of the mayor or any agency head of a city having a population

the performance of which requires equal skill, effort and responsibility, and which is

performed under similar working conditions, or (b) substantially similar work, when

viewed as a composite of skill, effort, and responsibility, and performed under similar

working conditions; except where payment is made pursuant to a differential based on:

(iv) a bona fide factor other than status within one or more protected class or

(A) shall not be based upon or derived from a differential in compensation based

(B) shall be job-related with respect to the position in question and shall be

consistent with business necessity. Such exception under this paragraph shall

(1) that an employer uses a particular employment practice that causes a disparate

impact on the basis of status within one or more protected class or classes,

(2) that an alternative employment practice exists that would serve the same

(iii) a system which measures earnings by quantity or quality of production; or

classes, such as education, training, or experience. Such factor:

on status within one or more protected class or classes and

business purpose and not produce such differential, and

(3) that the employer has refused to adopt such alternative practice.

(a) "business necessity" shall be defined as a factor that bears a manifest relationship

(b) "protected class" shall include age, race, creed, color, national origin, sexual

orientation, gender identity or expression, military status, sex, disability,

predisposing genetic characteristics, familial status, marital status, or domestic

violence victim status, and any employee protected from discrimination pursuant

to paragraphs (a), (b), and (c) of subdivision one of section two hundred ninety-six

and any intern protected from discrimination pursuant to section two hundred

. For the purposes of subdivision one of this section, employees shall be deemed to work

in the same establishment if the employees work for the same employer at workplaces

located in the same geographical region, no larger than a county, taking into account

. (a) No employer shall prohibit an employee from inquiring about, discussing, or

population distribution, economic activity, and/or the presence of municipalities.

disclosing the wages of such employee or another employe

not apply when the employee demonstrates

. For the purpose of subdivision one of this section:

to the employment in question, and

ninety-six-c of the executive law.

subdivision two, three, four, five, seven, eight or twelve of section seventy-three or

of section seventy-four of the public officers law, or of any executive order, policy,

twenty-seven-a of this chapter, violates a collective bargaining agreement or a certified or licensed professional's contractual obligation to devote his or her entire compensated working hours to a single employer, provided however that the provisions of this paragraph shall apply only to professionals whose compensation is at least fifty thousand dollars for the year nineteen hundred ninety-two and in subsequent years is an equivalent amount adjusted by the same percentage as the annual increase or decrease in the consumer price index. Notwithstanding the provisions of subdivision three of this section, an employer shall not be in violation of this section where the employer takes action based on the belief

other governmental mandate, (ii) the employer's actions were permissible pursuant to an established substance abuse or alcohol program or workplace policy, professional contract or collective bargaining agreement, or (iii) the individual's actions were deemed by an employer or previous employer to be illegal or to constitute habitually poor performance, incompetency or misconduct. Notwithstanding the provisions of subdivision three or four of this section, an employer shall not be in violation of this section where the employer takes action related to the use of cannabis based on the following: (i) the employer's actions were required by state or federal statute, regulation, ordinance, or other state or federal governmental mandate; the employee is impaired by the use of cannabis, meaning the employee manifests specific articulable symptoms while working that decrease or lessen the employee's performance of the duties or tasks of the employee's job position, or such specific

occupational safety and health law; or federal contract or federal funding contract, to limit the off-duty activities which may be engaged in by such individual. c. an individual's legal recreational activities, including cannabis in accordance with state law, outside work hours, off of the employer's premises and without use of the curtail the rights or liabilities of any party with regard to a civil cause of action.

a. Where a violation of this section is alleged to have occurred, the attorney general may apply in the name of the people of the state of New York for an order enjoining or

> chapter, where a violation of this section is alleged to have occurred, an aggrieved individual may commence an action for equitable relief and damages. from communicating to its employees any information that the employer is required by law to communicate, but only to the extent of such legal requirement; (ii) an employer or its agent, representative or designee from communicating to its employees any information that is necessary for such employees to perform their job duties; (iii) an institution of higher education, or any agent, representative or designee of such institution, from meeting with or participating in any communications with its employees that are part of coursework, any symposia or an academic program at such institution; (iv) casual conversations between employees or between an employee and an agent, representative or designee of an oyer, provided participation in such conversations is not required; or (v) a requirement ited to the employer's managerial and supervisory employees. The provisions of this section shall not apply to a religious corporation, entity, association, educational institution or society that is exempt from the requirements of Title VII of the

> Civil Rights Act of 1964 pursuant to 42 USC 2000e-1(a) with respect to speech on religious matters to employees who perform work connected with the activities undertaken by such religious corporation, entity, association, educational institution or society. Every employer shall post a sign in every workplace at the location or locations where notices to employees are normally posted, to inform employees of their rights

FRINGE BENEFITS AND HOURS

employer's policy on sick leave, vacation, personal leave, holidays and hours." For written information on your employer's policy on sick leave, vacation, personal leave, holidays and hours can be obtained at: (Please advise employees where they may obtain written information on fringe benefits and hours.)

EQUAL PAY NOTICE

Section 195.5 of the New York State Labor Law effective December 12, 1981 provides as follows: "Every employer shall notify his employees in writing or by publicly posting the

Equal Pay Provision of the New York State Labor Law Division of Labor Standards www.labor.ny.gov § 194. Differential in rate of pay because of protected class status prohibited. (b) An employer may, in a written policy provided to all employees, establish . No employee with status within one or more protected class or classes shall be paid a reasonable workplace and workday limitations on the time, place and manner wage at a rate less than the rate at which an employee without status within the same for inquires about, discussion of, or the disclosure of wages. Such limitations protected class or classes in the same establishment is paid for: (a) equal work on a job shall be consistent with standards promulgated by the commissioner and shall

employee without such employee's prior permission.

The failure of an employee to adhere to such reasonable limitations in such written policy shall be an affirmative defense to any claims made against an employer under this subdivision, provided that any adverse employment action taken by the employer was for failure to adhere to such reasonable limitations and not for mere inquiry, discussion or disclosure of wages in accordance with such reasonable limitations in such written policy. (d) This prohibition shall not apply to instances in which an employee who has access to the wage information of other employees as a part of such employee's essential

be consistent with all other state and federal laws. Such limitations may include

prohibiting an employee from discussing or disclosing the wages of another

Nothing in this subdivision shall require an employee to disclose his or her wages.

job functions discloses the wages of such other employees to individuals who do

not otherwise have access to such information, unless such disclosure is in response to a complaint or charge, or in furtherance of an investigation, proceeding, hearing, or action under this chapter, including an investigation conducted by the employer (e) Nothing in this section shall be construed to limit the rights of an employee provided under any other provision of law or collective bargaining agreement. For questions, write or call your nearest office, (listed below), of the:

New York State Department of Labor Division of Labor Standards Syracuse District 333 East Washington **Garden City District** 400 Oak Street, Suite 102 Bldg. 12, Rm. 185A Garden City, NY 11530 Street, Rm. 121 (516) 794-8195 Syracuse, NY 13202 (518) 457-2730 (315) 428-4057 **New York City District Bronx District** Hanson Place, 11th Floor

(212) 775-3719

Buffalo District

White Plains District 55 Hanson Place, 11th Floor 120 Bloomingdale Road Brooklyn, NY 11217 oklyn, NY 11217 White Plains, NY 10605 (212) 775-3880 (914) 997-9521 Rochester Sub-District 276 Waring Road, Rm. 104 Rochester, NY 14609 Buffalo, NY 14203 (585) 258-4550

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RIGHT TO KNOW

YOU HAVE A RIGHT TO KNOW! Your employer must inform you of the health effects and hazards of toxic substances at your worksite. Learn all you can about toxic substances on your job. For more information, contact:

Tom Illsley

Safety Manager 607-729-4921

THE RIGHT TO KNOW LAW WORKS FOR YOU **NEW YORK STATE DEPARTMENT OF HEALTH**

OSHA - THE OCCUPATIONAL SAFETY AND HEALTH ACT

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 workrelated 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 mail) if you have been retaliated against for using your

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.

This poster is available free from OSHA.

Contact OSHA. We can help.

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

 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.

understand. Prominently display this poster in the workplace.

Provide required training to all workers

in a language and vocabulary they can

Post OSHA citations at or near the place of the alleged violations. On-Site Consultation services are available

to small and medium-sized employers, without citation or penalty, through OSHAsupported consultation programs in every state.



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

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

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

WHD or file a private lawsuit against your

SCAN ME WH1420 REV 04/23

employer in court. Scan the OR code to learn about our WHD complaint process.

either that: (i) the employer's actions were required by statute, regulation, ordinance or

articulable symptoms interfere with an employer's obligation to provide a safe and healthy work place, free from recognized hazards, as required by state and federal i) the employer's actions would require such employer to commit any act that would cause the employer to be in violation of federal law or would result in the loss of a Nothing in this section shall apply to persons who, on an individual basis, have a essional service contract with an employer and the unique nature of the services ovided is such that the employer shall be permitted, as part of such professional service thing in this section shall prohibit an organization or employer from offering, imposing r having in effect a health, disability or life insurance policy that makes distinctions between employees for the type of coverage or the price of coverage based upon the employees' recreational activities or use of consumable products, provided that ntial premium rates charged employees reflect a differential cost to the employer and that employers provide employees with a statement delineating the differential rates used by the carriers providing insurance for the employer, and provided further that such distinctions in type or price of coverage shall not be utilized to expand, limit or

proceeding, the court may impose a civil penalty in the amount of three hundred ollars for the first violation and five hundred dollars for each subsequent violation. b. In addition to any other penalties or actions otherwise applicable pursuant to this

training the commission or continuance of the alleged unlawful acts. In any such

of one million or more, where such law, code provision, charter provision, rule or directive concerns ethics, conflicts of interest, potential conflicts of interest, or the proper discharge of official duties and otherwise covers such employees; and e. with respect to employees other than those of any employer as defined in section **NOTICE REQUIREMENTS FOR FRINGE BENEFITS AND HOURS**

Paid Family Leave STATEMENT OF RIGHTS

If you need to take time off from work to care for a family member, you may be entitled to Paid Family Leave benefits.

Paid Family Leave is employee-funded insurance that provides eligible employees job-protected, paid time off to:

BOND with a newly born, adopted or fostered child: = CARE for a family member with a serious health condition (see paidfamilyleave.ny.gov for eligible family members); or a ASSIST loved ones when a spouse, domestic partner, child or parent is deployed abroad on active military service. Paid Family Leave may also be available for use in situations when you or your minor dependent child are under an order of guarantine or isolation due to COVID-19. See PaidFamilyLeave.ny.gov/COVID19 for full details.

Eligibility:

If you have a regular work schedule of 20 or more hours per week, you are eligible after 26 consecutive weeks of employment with your employer.

If you have a regular work schedule of less than 20 hours per week, you are eligible after working for your employer for 175 days, which do not need to be consecutive.

Citizenship or immigration status is not a factor in your eligibility.

You can take up to 12 weeks of Paid Family Leave and receive 67% of your average weekly wage, capped at 67% of the New York State Average Weekly Wage. Generally, your average weekly wage is the average of your last eight weeks of pay prior to starting Paid Family Leave. Leave can be taken all at once or intermittently, but must be in full-day increments.

³ You keep your health insurance while on leave (you may have to continue paying your portion of the premium costs, if any).

⁴⁴ Your employer is **prohibited from discriminating or retaliating** against you for requesting or taking Paid Family Leave. Disputes:

If your Paid Family Leave claim is denied, you may request to have the denial reviewed by a neutral arbitrator. The insurance carrier listed below will provide you with information about requesting arbitration.

Rights and Protections:

Discrimination Complaints: If your employer terminates your employment, reduces your pay and/or benefits, or disciplines you in any way as a result of you requesting or taking Paid Family Leave, you may request to be reinstated by taking these steps:

1. Complete the Formal Request for Reinstatement Regarding Paid Family Leave (Form PFL-DC-119). 2. Send your completed form to your employer and a copy of the completed form to:

Job protection: Return to the same or comparable job after you take leave.

Paid Family Leave, P.O. Box 9030, Endicott, NY 13761-9030 3. If your employer does not reinstate you or take other corrective action within 30 days, you may file a discrimination complaint with the Workers' Compensation Board using the Paid Family Leave Discrimination/Retaliation Complaint (Form PFL-DC-120). The Workers' Compensation Board will assemble your case and schedule a hearing.

4. There are other state and federal laws that protect employees from discrimination. Additional information is available at

PaidFamilyLeave.ny.gov. Paid Family Leave Request Process:

1. Notify your employer at least 30 days in advance, if foreseeable, or as soon as possible.

2. Complete and submit the Request for Paid Family Leave (Form PFL-1) to your employer. 3. You must submit your completed request package to your employer's insurance carrier within 30 days after the start

of your leave to avoid losing benefits. 4. In most cases, the insurance carrier must pay or deny benefits within 18 calendar days of receiving your completed

request or your first day of leave, whichever is later. You may obtain all forms from your employer, their insurance carrier listed below, or online at PaidFamilyLeave.ny.gov/Forms.

For more information, forms and instructions, visit PaidFamilyLeave.ny.gov or call the PFL Helpline (844)-337-6303 This information is a simplified presentation of your rights as required by Section 229

of the Disability and Paid Family Leave Benefits Law. Your employer's Paid Family Leave benefits insurance carrier is: Cardinal Disability Trust NYDisability@glacierbaytpa.com (518) 724-3583 (f) (518) 608-5536

PRESCRIBED BY THE CHAIR, NYS Paid Family Leave PO Box 9030, Endicott NY 13761

STATE OF NEW YORK - WORKERS' COMPENSATION BOARD ESTADO DE NUEVA YORK - JUNTA DE COMPENSACION OBRERA AVISO DE CUMPLIMIENTO NOTICE OF COMPLIANCE TO EMPLOYEES

MPORTANT INFORMATION FOR EMPLOYEES WHO ARE INJURED OR SUFFER AN OCCUPATIONAL DISEASE WHILE WORKING.

By posting this notice and information concerning your rights as an injured worker, your employer is in compliance with the Workers' Compensation Law. If you do not notify your employer within 30 days of the date of your

injury your claim may be disallowed, so do so immediately. You are entitled to obtain any necessary medical treatment and should do so immediately. . You may choose any doctor, podiatrist, chiropractor or psychologist

Compensation patients and is Board authorized. However, if your employer is involved in a certified preferred provider organization (PPO) you must first be treated by a provider chosen by your employer and your employer must give you a written statement of your rights concerning further medical care. You should tell your doctor to file copies of medical reports

concerning your claim with the Workers' Compensation Board and with your employer's insurance company, which is indicated at the You may be entitled to lost time benefits if your work-related injury keeps you from work for more than seven days, compels you to work

at lower wages or results in permanent disability to any part of your body. You may be entitled to rehabilitation services if you need help returning to work.

You should not pay any medical providers directly. They should send their bills to your employer's insurance carrier. If there is a dispute, the provider must wait until the Board makes a decision before it attempts to collect payment from you. If you do not pursue your claim or the Board rules that your injury is not work-related, you may be responsible for the payment of the bills.

You are entitled to be represented by an attorney or licensed 7. No pague a ningun proveedor médico directamente por tratamiento de representative, but it is not required. If you do hire a representative do not pay him/her directly. Any fee will be set by the Board and will be deducted from your award. If you have difficulty in obtaining a claim form or need help in filling it out, or if you have any other questions or problems about a job-

NYS Workers' Compensation Board **Centralized Mailing** PO Box 5205 Binghamton, NY 13902-5205

Customer Service Line: 877-632-4996

For Insurance Carriers ONLY: Policy No 8M917789

A EMPLEADOS

INFORMACION IMPORTANTE PARA EMPLEADOS QUE SEAN LESIONADOS O SUFRAN UNA ENFERMEDAD OCUPACIONAL MIENTRAS TRABAJAN. 1. Su patrono está cumpliendo la Ley de Compensación Obrera cuando

despliega este comunicado concerniente a sus derechos como 2. Si usted no notifica a su patrono dentro del término de 30 dias de haber sufrido su lesión su reclamación podría ser desestimada, por eso notifique inmediatamente. 3. Usted tiene derecho a recibir cualquier tratamiento médico necesario

relacionado con su lesión y debe gestionarlo inmediatamente. referred by a medical doctor that accepts NY State Workers' 4. Para el tratamiento de cualquier lesión o enfermedad relacionada con el trabajo, usted puede escoger cualquier médico, podiatra, quiropractico ó psicologo (si es referido por un médico autorizado) que esté autorizado y acepte pacientes de la Junta de Compensación Obrera. Sin embargo, si su patrono está autorizado a participar en una organización certificada de proveedores preferidos (PPO), usted deberá obten er tratamiento inicial para cualquier lesión o enfermedad relacionada con el trabajo de la correspondiente entidad. Patronos que participen en cualquiera de estos programas establecidos por ley estan obligados a proveer a sus empleados notificación escrita explicando sus derechos y obligaciones bajo el programa a que esté

5. Usted deberá requerir de su Médico que radique copias de los informes médicos de su caso en la Junta de Compensación Obrera y en la compañía de seguros de su patrono, que se indica al final de

6. Usted tiene derecho a compensación si su lesión relacionada con el trabajo le impide trabajar por más de si ete dias, le obliga a trabajar a sueldo más bajo ó resulta en incapacidad permanente de cualquier parte de su cuerpo. Usted puede tener derecho a servicios de rehabilitación si necesita ayuda para regresar al trabajo.

su lesión o enfermedad relacionada con el trabajo. Ellos deben enviar sus facturas al asegurador de su patrono. Si el caso es cuestionado, el proveedor deberá esperar hasta que la Junta decida el caso, antes de iniciar gestión de cobro alguna contra usted. Si usted no tramita su caso ó la Junta falla que su lesión o enfermedad no está relacionada con el trabajo, usted podr a ser responsable del pago de las facturas. related injury, contact any office of the Workers' Compensation 8. No es obligatorio el estar representado en ninguno de los procedimientos de la Junta, pero es un derecho que usted tiene, el

> caso, los honorarios seran determinados por la Junta y descontados de sus beneficios. 9. Si tiene dificultad en conseguir un formulario de reclamación o necesita ayuda para llenario ó tiene dudas sobre cualquier situación relacionada con una lesión o enfermedad comuniquese con la oficina mas cercana de la Junta.

CHAIR/PRESIDENTE

notice in and about the employer's place

estar representado por abogado ó por representante licenciado si

usted así lo desea. Si es representado, no pague alabogado ó al alabogado ó al representante licenciado. Cuando la Junta decida su

Workers' Compensation Board Workers' Compensation benefits, when due, will be paid by (Los beneficios de Compensación obrera, cuando debidos, seran pagados por): Name, address and telephone number of licensed insurance carrier, authorized group self-Name of employer (Nombre del patrono) nsurer or main office of authorized self-insurer MATCO ELECTRIC CORPORATION

THE TRAVELERS INSURANCE COMPANIES THIS NOTICE MUST BE POSTED CONSPICUOUSLY IN AND ABOUT THE ONE TOWER SQUARE EMPLOYER'S PLACE OR PLACES OF HARTFORD, CT 06183 (877) 828-4132 Failure by an employer to post this

or places of business may result in Policy in Force from 12-31-24 to 12-31-25 a \$250 penalty for each violation. Workers' Compensation Board Prescribed of by Chairman www.wcb.ny.gov C-105 (9-17) State New York

PFL-271S (9/22)

WORKERS' COMPENSATION BOARD

STATE OF NEW YORK Andrew M. Cuomo, Governor WORKERS' COMPENSATION BOARD Kenneth J. Munnelly, Chair

KENNETH J. MUNNELLY

CHAIR

TO ALL WORKERS WHO ARE INJURED WHILE WORKING OR WHO SUFFER FROM AN OCCUPATIONAL

STATEMENT OF RIGHTS

DISEASE YOU MAY BE ENTITLED TO WORKERS' COMPENSATION BENEFITS

1. You should file a claim for benefits within two years of the date you are injured, unless your injury is very minor, requiring no medical treatment and causing no lost time from work. If you do not file within two years your right to benefits may be lost. Obtain and file a claim form (Form C-3, or VF-3 for volunteer firefighters, or VAW-3 for volunteer amoulance workers) with the nearest Workers' Compensation Board office (see addresses below)

2. You may be entitled to lost time benefits if your work-related injury keeps you from work for more than seven days, compels you to work at lower wages or results in permanent disability to any part of your body. You may be entitled to rehabilitation services if you need help returning to work. (In volunteer firefighters' and volunteer ambulance workers' cases, compensation for lost time or loss of earning capacity may be payable from date of in ury.)

3. You are entitled to obtain any necessary medical treatment related to your injury and you should do so immediately

4. For the treatment of your work-related injury or illness, you may choose any physician, podiatrist, chiropractor, or psychologist (upon referral from an authorized physician) who is Board authorized and who is accepting workers' compensation patients. If, however, your employer is involved in a certified preferred provider organization (PPO) arrangement, you must obtain initial treatment for any workers' compensation injury or illness from the preferred provider organization. Employers participating in this statutory program are required to provide their employees with written notification describing their employees' rights and obligations under the program.

5. You should inform your doctor to file copies of medical reports concerning your claim with the Workers' Compensation Board and your employer's insurance company, which is indicated at the bottom of this form-6. You should not pay any medical providers directly for treatment of your work-related injury or illness. They should send their bills to your employer's insurance carrier. If there is a dispute, the provider must wait until the Board makes a decision before it attempts to collect payment from you. If you do not pursue your claim or the Board rules that your injury is not work-related, you may be responsible for the

been lost or damaged in the course of employment, whether or not there was bodily injury to the employee. You are also entitled to be reimbursed for drugs, crutches or any apparatus properly prescribed by your doctor, and transportation and other necessary expenses going to and from your doctor's office or hospital. (You should get receipts for all such expenses.)

8. You are entitled to be represented by an attorney or licensed representative, but it is not required. If you do hire an attorney or licensed representative, you should not pay him/her directly. Any fee will be set by the Board and will be deducted from your award. 9. Lost time and medical benefits are payable directly without a formal direction from the Board, unless your claim is disputed. If your claim is disputed on the grounds that your injury is not work-related or did not arise in the line of volunteer firefighter or ambulance worker duties, then you may qualify for disability benefits for non-work injuries. For more information on entitlement to disability benefits, contact the Workers

7. The employer is liable for the replacement or repair of an employee's prosthesis (e.g., artificial members, false teeth, eyeglasses), which has

10. You should go back to work as soon as you are able, compensation is never as high as your wage. If you need help returning to work, or with family or financial problems because of your injury, you should centact the nearest Board office and ask for a rehabilitation counselor or social 11. Your employer may not ask you to waive your right to compensation nor may your employer deduct any money from your pay to contribute to

the payment of workers' compensation insurance premiums. Further, you cannot be discharged or discriminated against because you filed a claim for workers' compensation benefits. IF YOU HAVE DIFFICULTY IN OBTAINING A CLAIM FORM OR NEED HELP IN FILLING IT OUT, OR IF YOU HAVE ANY OTHER QUESTIONS OR PROBLEMS ABOUT A JOB-RELATED INJURY OR DISEASE, CONTACT ANY

OFFICE OF THE WORKERS' COMPENSATION BOARD. This information is a simplified presentation of your rights under the Workers' Compensation Law, it is provided, as required by Section 110 of the Workers' Compensation Law, by your employer's insurance carrier.

INSERT NAME AND ADDRESS OF INSURANCE CARRIER THE TRAVELERS INSURANCE COMPANIES P.O. BOX 4614

Compensation Board office nearest you.

BUFFALO, NY 14240-4614 NYS Worker's Compensation Board, Centralized Mailing, PO Box 5205, Binghamton, NY 13902-5205

C-430S (9-16)

W31P5I16

THE WORKERS' COMPENSATION BOARD EMPLOYS AND SERVES PEOPLE WITH DISABILITIES WITHOUT DISCRIMINATION. ESTE RESUMEN ESTÁ ESCRITO EN ESPAÑOL AL DORSO WWW.Wcb.ny.gov

Workers' Compensation Board ANDREW M. CUUMO, Governor

STATEMENT OF RIGHTS NEW YORK STATE DISABILITY BENEFITS

W31P1I17

IF YOU ARE UNABLE TO WORK BECAUSE OF A NON-OCCUPATIONAL ILLNESS OR INJURY, YOU MAY BE ENTITLED TO DISABILITY BENEFITS

1. Your employer is required by law to provide for the payment of disability benefits to his/her employees. 2. Statutory disability benefits are payable for any non-work related injury or illness (including disability due to pregnancy) beginning with the 8th consecutive day of disability. Benefits are payable for up to 26 weeks. The total amount of combined paid family and disability leave an employee may take in a 52 consecutive week period may not exceed 26 weeks. Benefit payments are based on your average weekly wages for the eight weeks immediately prior to your disability, and are subject to the maximum allowable by the law in effect on the initial day of disability. Your employer or union may provide for different benefits which are at least as favorable as statutory benefits under an approved Disability Benefits Plan or Agreement.

3. TO CLAIM BENEFITS you should file written notice and proof of disability (Claim Form DB-450) with your employer of the insurance carrier named below within 30 days from the first day of your disability, or all or part of your claim may be rejected. In no event should you wait more than 26 weeks from that date to file a claim. You may obtain Form DB-450 from your employer, its insurance carrier, your health care provider or by contacting the Workers' Compensation Board. (See address and telephone number below.) Do not assume that your employer has filed a claim on your behalf, claim filing is your responsibility.

4. You are entitled to be treated by any physician, chiropractor, dentist, nurse-midwife, podiatrist or psychologist of your choice. Unlike workers' compensation, your medical bills will not be paid by your employer or the insurance carrier, unless your employer and/or union provides for the payment of medical bills under an approved Disability Benefits Plan

Disability benefits are to be paid directly to you by the insurance carrier, not through your employer, unless your employer is an approved self-insurer.

6. If your employer or the insurance carrier contends that you are not entitled to the payment of disability benefits, they are required to send you a Notice of Rejection, within 45 days of the filling of your claim, telling you the reasons benefits are not being paid. If you disagree with their rejection, you have a legal right to request a review of the rejection by the Workers' Compensation Board. IMPORTANT: If within 45 days of filling your claim you do not receive benefits and do not receive a Notice of Rejection (Form DB-451), promptly contact the Workers' Compensation Board at the telephone number below.

. If your disability is the result of an automobile accident and you have filed a claim for no-fault benefits, you must also file a claim (Form DB-450) for disability benefits. If you do not file for disability benefits, the no-fault insurer may reduce your no-fault payments. IMPORTANT: In such cases, if you are not entitled to disability benefits, mmediately advise the no-fault insurance carrier.

8. Your employer may not ask you to waive your right to disability benefits nor may your employer deduct more than 60 cents a week (unless the additional contribution is part of an approved plan) from your pay to contribute to the payment of disability benefits insurance premiums. You cannot be discharged or discriminated against for filing a claim for disability benefits.

IF YOU HAVE DIFFICULTY IN OBTAINING A CLAIM FORM OR NEED HELP IN FILLING IT OUT, OR IF YOU HAVE ANY OTHER

QUESTIONS OR PROBLEMS ABOUT A NON-WORK RELATED INJURY OR ILLNESS, CONTACT ANY OFFICE OF THE

WORKERS' COMPENSATION BOARD. This information is a simplified presentation of your rights as required by Section 229 of the Disability and Paid Family Leave Benefits Law. Your employer's disability.

penefits insurance carrier is: Cardinal Disability Trust PO Box 1227 Latham, NY 12110 (518) 724-3559

Prescribed by the Chair, Workers' Compensation Board

Workers' Compensation Board, Disability Benefits Sureau 💛 Box 9029, Endicott, NY 13761-9029 DB-271S (5-19) Customer Service. (877) 632-4996 • www.wcb.nv.909 THIS AGENCY EMPLOYS AND SERVES PEOPLE WITH DISABILITIES WITHOUT DISCRIMINATION

ESTADO DE NUEVA YORK Andrew M. Cuomo, Gobernador RACION DE DERECHOS JUNTA DE COMPENSACIONOBRERA Kenneth J. Munnelly, Presidente

A TODO EMPLEADO LESIONADO EN EL TRABAJO O QUE SUFRA DE ENFERMEDAD OCUPACIONAL: <u>USTED PUEDE TENER DERECHO A BENEFICIOS DE COMPENSACION OBRERA</u>

Usted deberá presentar una reclamación de beneficios dentro del término do dos años del dia en que fue lesionado, a menos que la lesión sea tan pequeña que no requiera tratamiento médico y que no cause interrupción en su jornada de trabajo. Si no radica dentro del termino de dos años, puede perder sus derechos a beneficios. Consiga y radique una forma de reclamación (Forma C-3, o VF-3 para bomberos voluntarios, o VAW-3 para empleados voluntarios de ambulancias) en la oficina más cercana de la Junta de Compensación Obrera (direcciones más abajo).

. Usted tiene derecho a compensación si su lesión relacionada con el trabajo le impide trabajar por más de siete días, le obliga a trabajar a sueldo más bajo o resulta en incapacidad permanente de cualquier parte de su cuerpo. Usted puede tener derecho a servicios de rehabilitación si necesita ayuda para regresar al trabajo. (Bomberos voluntarios y Trabajadores de Ambulancia Voluntarios pueden ser compensados desde el mismo dia de su lesión.) Usted tiene derecho a recibir tratamiento médico relacionado con su lesión y debe obtenerlo inmediatamente.

4. Para el tratamiento de cualquier lesión o enfermedad relacionada con el trabajo, usted puede escoger cualquier médica, podiatra quiropractico ó psicologo (si es referido por un médico autorizado) que esté autorizado y acepte pacientes de la Junta de Compensación

Obrera. Sin embargo, si su patrono está autorizado a participar en una organización contificada de proveedores preferidos (PPO), usled deberá obtener tratamiento inicial para cualquier lesión o enfermedad relacionada con el trabajo de la correspondiente entidad. Patronos que participen en esta programa establecida por ley estan obligados a proveer a sus empleados notificación escrita explicando sus derechos y obligaciones baio el programa a que esté acocido. 6. Usted deberá requerir de su Médico que radique copias de los informes médicos de su caso en la Junta de Compensación Obrera y en la compañía de seguros de su patrono, que se indica al final de esta forma.

6. No pague a ningun proveedor médico directamente por tratamiento da su lesión o enfermedad relacionada con el trabajo. Ellos deben enviar sus facturas al asegurador de su patrono. Si el caso es cuestionado, el proveedor deberá esperar hasta que la Junta decida el caso, antes de iniciar gestión de cobro alguna contra usted. Si usted no tramita su caso ó la Junta falla que su lesión o enfermedad no está relacionada con el trabajo, usted podr a ser responsable del pago de las facturas. . El patrono es responsable de la sustitución y reparación de aquellos implementos médicos que han sido perdidos o se han deteriorado como

consecuencia del empleo, sin que importe el que el empleado haya o no sufrido lesión (E) miembros artificiales, dentadura postiza, espejuelos). Usted tambien tiene derecho a ser reembolsado por medicinas, muletas, o cualquier otro implemento debidamente recetado por su médico y por transportación u otro gosto necesario para ir al médico ó at hospital. (Obteng a recibos para justificar gastos.) 8. No es obligatorio el estar representado en ninguno de los procedimientos de la Junta, pero es un derecho que usted tiene, el estar representado por abogado ó por representante licenciado si usted así lo desea. Si es representado, no pague al abogado ó al representante

licendado. Cuando la Junta decida su caso, los honorarios seran determinados por la Junta y descontados de sus beneficios.

9. La compensación se paga inmediatamente, sin esperar por la adjudicación del caso, excepto cuando la reclamación es cuestionada. Si la reclamación es cuestionada en base a que la incapacidad no fue causada por un accidente relacionado con su trabajo ó por una enfermegad ocupacional ó por una lasión en el cumplimiento de su deber como bombero voluntario ó como miembro voluntario del cuer po de ambulancia, usted puede tener derecho a recibir beneficios por incapacidad (para lesiones fuera del trabajo). Si su reclamación es cuestionada y no está cibiendo beneficios por incapacidad, comuniquese con cualquier oficina de la Junta.

10. Regrese a su trabajo tan pronto pueda. La compensación nunca es tan alta como su sueido. Si necesita ayuda para regresar al trabajo o para resolver problemas financieros o personales por causa de la lesión sufrida, comunicate con la oficina mas cercana de la Junta y solicita hablar con un trabajador social o con un consejero de rehabilitación. 11. Su patrono no puede solicitar que usted le releve de su derecho a compensación, ni puede descontar cantidad alguna de su paga para contribuir al pago de las primas del seguro. Listed no podrà ser despedido ni penalizado por radicar una reclamación en la Junta.

SI TIENE DIFICULTAD EN CONSEGUIR UN FORMULARIO DE RECLAMACIÓN O NECESITA AYUDA PARA LLENARLO Ó TIENE DUDAS SOBRE CUALQUIER SITUACIÓN RELACIONADA CON UNA LESIÓN O ENFERMEDAD COMUNIQUESE CON LA OFICINA MAS CERCANA DE LA JUNTA.

Este resumen es una compilación de los puntos más importantes de sus derechos bajo la ley de compensación obrera. La sección 110 de la ley requiere de su patrono ofrecerle esta información. INSERT NAME AND ADDRESS OF INSURANCE CARRIER. THE TRAVELERS INSURANCE COMPANIES

W31P5I16

KENNETH J. MUNNELLY P.O. BOX 4614 BUFFALC, NY 14240-4614

NYS Worker's Compensation Board, Centralized Mailing, PO Box 5205, Binghamton, NY 13902-5205

THIS NOTICE IS WRITTEN IN ENGLISH ON THE REVERSE SIDE. C-430S (9-16)

WWW.WCb.ov.gov

PRESIDENTE

New York State Disability Benefits

STATEMENT OF RIGHTS

If you are unable to work due to a non-occupational illness or injury, you may be entitled to disability benefits. 1. You may be entitled to statutory disability benefits for a non-work-related injury or illness (including disability due to pregnancy) beginning with the eighth consecutive day of disability. Disability benefits are paid directly to You

your average weekly wage is the average of your last eight weeks of pay prior to starting disability. Your employer or union may provide different benefits, at least as favorable as statutory, under an approved disability 2. If you also take Paid Family Leave, your combined total disability leave and Paid Family Leave in any consecutive 52-week period may not exceed 26 weeks. You cannot take Paid Family Leave and disability leave at the same time. 3. You can be treated by any physician, podiatrist, chiropractor, dentist, nurse midwife, or psychologist who can certify your disability. Your medical bills are not covered, unless your employer and/or union provides for the

by your employer's insurer, not through your employer, unless your employer is an approved self-insurer. You can take up to 26 weeks of disability at 50% of your average weekly wage, capped at \$170 per week. Generally,

payment of medical bills under an approved disability benefits plan or agreemen 4. Your employer may not ask you to waive your right to disability benefits. Employers may collect a maximum contribution of 60 cents/week to offset the insurance premium (unless the additional contribution is part of an approved plan). You cannot be discriminated or retaliated against for requesting or taking disability benefits. 5. If your claim is denied, your employer or employer's insurer is required to send you a Notice of Rejection (Form DB-451), within 45 days of your claim filling, with the reason(s) benefits are not being paid. If you disagree, you have a right to request a review by the NYS Workers' Compensation Board (Board), which you can request

by writing the Board at the bottom right address. IMPORTANT: If, within 45 days of filing your claim, you do not receive benefits and do not receive a Form DB-451, promptly contact the Board at (877) 632-4996.

To file a claim:

DB-271S (10/22)

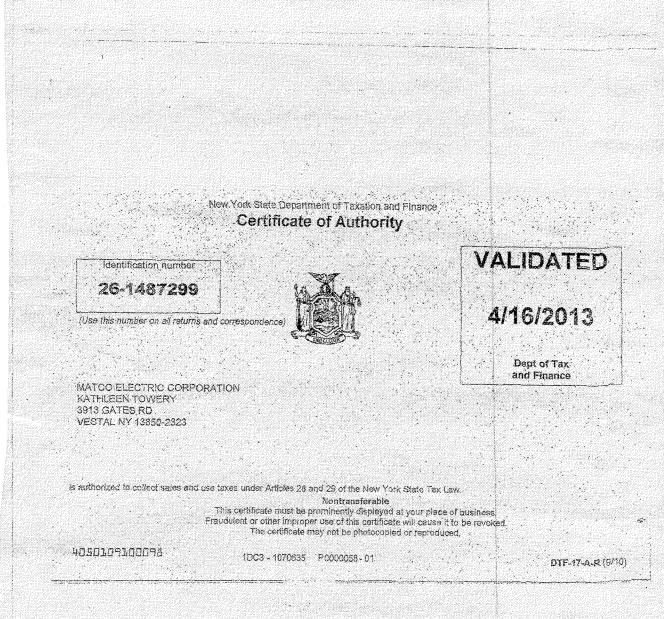
1. Obtain a Notice and Proof of Claim for Disability Benefits (Form DB-450), either from the Board at wcb.ny.gov, or from your employer, your employer's insurer, or your health care provider 2. Follow instructions to complete/submit the form, which includes a section your health care provider must complete. 3. Submit the form within 30 days of your first day of disability. If your claim is not paid promptly, contact your employer or their insurer. If you file late, you may not be paid for any disability period more than two weeks before the date you filed. Late filings may be excused if you can show it wasn't reasonably possible to file earlier. No benefits are payable if you file more than 26 weeks after your disability begins, or after you return to work Do not assume that your employer has filed a claim on your behalf: filing a claim is your responsibility.

Note: If your disability is the result of an automobile accident, and you have filed a claim for no-fault benefits,

you must also file a Form DB-450 for disability benefits. If you do not file for disability benefits, the no-fault insurer may reduce your no-fault payments. IMPORTANT: In such cases, if you are not entitled to disability benefits, immediately advise the no-fault insurer. FOR HELP OBTAINING A CLAIM FORM OR FILLING IT OUT, OR OTHER QUESTIONS ABOUT BENEFITS FOR YOUR

NON-WORK-RELATED INJURY OR ILLNESS, PLEASE CALL (877) 632-4996. A BOARD REPRESENTATIVE WILL HELP. This information is a simplified presentation of your rights as required by Section 229 of the Disability and Paid Family Leave Benefits Law. Your employer's disability benefits insurance carrier is: Cardinal Disability Trust PO Box 1227, Latham, NY 12110 NYDisability@glacierbaytpa.com (f):518-608-5536

PRESCRIBED BY THE CHAIR, WORKERS' COMPENSATION BOARD NYS Workers' Compensation Board Disability Benefits Bureau PO Box 9029, Endicott, NY 13761-9029 WCB.NY.GOV



Paid Family Leave NOTICE OF COMPLIANCE

Paid Family Leave insurance coverage provided by: Cardinal Disability Trust INSERT INSURER NAME HERE

> Covering employees of: Matco Electric Corporation SERT EMPLOYER NAME HERE

Paid Family Leave is employee-funded insurance that provides eligible employees job-protected, paid time off to: BOND with a newly born, adopted, or fostered child; CARE for a family member with a serious health condition (see paidfamilyleave.ny.gov for eligible family members); or ASSIST loved ones when a spouse, domestic partner, child, or parent is deployed abroad on active military service.

Paid Family Leave may also be available for use in situations when you or your minor dependent child are under an order of quarantine or isolation due to COVID-19. See PaidFamilyLeave.ny.gov/COVID19 for full details.

■ Statutory ☐ Under a plan or agreement

Class(es) of employees covered: All Employees

Paid Family Leave Request Process:

1. Notify your employer at least 30 days in advance, if foreseeable, or as soon as possible. 2. Complete and submit the Request for Paid Family Leave (Form PFL-1) to your employer. 3. Complete and attach the additional documentation as instructed on the request form and submit to your employer's

insurance carrier listed below. Submit within 30 days after the start of your leave to avoid losing benefits.

You may obtain all forms from your employer, their insurance carrier listed below, or online at PaidFamilyLeave.ny.gov/Forms. Employers should NEVER discriminate or retaliate against anyone who requests or takes Paid Family Leave INSURER OR AUTHORIZED NEW YORK SELF-INSURER INFORMATION Telephone: (518) 724-3559 Name: Cardinal Disability Trust Address: PO Box 1227, Latham, NY 12110 Effective date from: 01/01/2023 Policy#: DBLEC5029

Formore information, visit PaidFamilyLeave.ny.gov or call (844) 337-6303

D BY THE CHAIR, WORKERS' COMPENSATION BOARD THIS NOTICE MUST BE POSTED CONSPICUOUSLY IN AND ABOUT THE EMPLOYER'S PLACE OR PLACES OF BUSINESS.

Attention All Employees

Time Allowed Employees to Vote on Election Day

KALSHATATO MOTE

N.Y. Election Law Section 3-110

• As a registered voter, you may take off up to 3 hours, without loss of pay, to allow you time to vote. · You may take time off at the beginning or end of your working shift, as your employer may designate, unless otherwise mutually agreed.

Employers: Not less than ten working days before any Election Day, every employer shall post conspicuously in the place of work where it can be seen as employees come or go to their place of work, a notice setting forth the provisions of this law. Such notice shall be kept posted until the close of the polls on Election Day.

• You must notify your employer not less than 2 days before the day of the election that you will take time off to vote.

Rev 04.12.2019