## **NEW MEXICO & FEDERAL LABOR LAW POSTER**

## **EEOC - KNOW YOUR RIGHTS: WORKPLACE DISCRIMINATION IS ILLEGAL** Know Your Rights: Workplace Discrimination is Illegal The U.S. Equal Employment Opportunity Commission (EEOC) enforces Federal laws that protect you from discrimination in employment.

Harassment (including unwelcome verbal or

Failure to provide reasonable accommodation for

condition; or a sincerely-held religious belief,

Obtaining or disclosing genetic information

a disability; pregnancy, childbirth, or related medical

Pay (unequal wages or compensation)

physical conduct)

Hiring or promotion

observance or practice

Job training

Classification

Referral

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 discrimination lawsuit, investigation, or proceeding and temporary employees Interference, coercion, or threats related to exercising Job applicants Union members and applicants for membership in a union rights regarding disability discrimination or pregnancy Vhat Organizations are Covered? What Employment Practices can be Challenged as Most private employers State and local governments (as employers) **Discriminatory?**All aspects of employment, including: Educational institutions (as employers) • Discharge, firing, or lay-off

UnionsStaffing agencies What Types of Employment Discrimination are Illegal? Jnder the EEOC's laws, an employer may not discriminate against you, regardless of your immigration status, on the ColorReligion

 Sex (including pregnancy, childbirth, and related medical conditions, sexual orientation, or gender identity)
• Age (40 and older)

other applicants or employee:

of employment, including the executive level.

Genetic information (including employer requests for, or purchase, use, or disclosure of genetic tests, genetic services, or family medical history)

 Requesting or disclosing medical information **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 enforces the nondiscrimination and affirmative action commitments of companies 1974, as amended, 38 U.S.C. 4212, prohibits employment discrimination against, and doing business with the Federal Government. If you are applying for a job with, or are an requires affirmative action to recruit, employ, and advance in employment, disabled employee of, a company with a Federal contract or subcontract, you are protected under Federal law from discrimination on the following bases: veterans, recently separated veterans (i.e., within three years of discharge or release from active duty), active duty wartime or campaign badge veterans, or Armed Forces service Executive Order 11246, as amended, prohibits employment discrimination by Federal contractors based on race, color, religion, sex, sexual orientation, gender identity, or discrimination, participates in an OFCCP proceeding, or otherwise opposes discrimination national origin, and requires affirmative action to ensure equality of opportunity in all by Federal contractors under these Federal laws. Any person who believes a contractor aspects of employment. **Asking About, Disclosing, or Discussing Pay** Executive Order 11246, as amended, has violated its nondiscrimination or affirmative action obligations under OFCCP's authorities should contact immediately The Office of Federal Contract Compliance Programs (OFCCP) protects applicants and employees of Federal contractors from discrimination based on nquiring about, disclosing, or discussing their compensation or the compensation of U.S. Department of Labor 200 Constitution Avenue, N.W. isability Section 503 of the Rehabilitation Act of 1973, as amended, protects qualified

from opposing discrimination, filing a charge, or

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

limits for filing a charge of discrimination (180 or 300

**Submit** an inquiry through the EEOC's public portal:

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

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

Additional information about the EEOC, including

information about filing a charge of discrimination

Visit an EEOC field office (information at

the EEOC in any of the following ways:

Call 1-800-669-4000 (toll free)

www.eeoc.gov/field-office)

E-Mail info@eeoc.gov

1\_800\_669\_6820 (TTV)

discrimination. Do not delay, because there are strict time

days, depending on where you live/work). You can reach

Conduct that coerces, intimidates, threatens, or interferes

participating in an investigation or proceeding

individuals with disabilities from discrimination in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment 1-800-397-6251 (toll-free) If you are deaf, hard of hearing, or have a speech disability, please dial 7-1-1 to access telecommunications relay services. OFCCP may also be contacted by submitting a

accommodation to the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee, barring undue hardship to an OFCCP regional or district office, listed in most telephone directories under U.S. the employer. Section 503 also requires that Federal contractors take affirmative action Government, Department of Labor and on OFCCP's "Contact Us" webpage at to employ and advance in employment qualified individuals with disabilities at all levels <a href="https://www.dol.gov/agencies/ofccp/contact">https://www.dol.gov/agencies/ofccp/contact</a>. PROGRAMS OR ACTIVITIES RECEIVING FEDERAL FINANCIAL ASSISTANCE onal Origin, Sex In addition to the protections of Title VII of the Civil Individuals with Disabilities Section 504 of the Rehabilitation Act of 1973, as amended, Rights Act of 1964, as amended, Title VI of the Civil Rights Act of 1964, as amended, prohibits employment discrimination on the basis of disability in any program or activities receiving activity which receives Federal financial assistance. Discrimination is prohibited in

## Title IX of the Education Amendments of 1972 prohibits employment discrimination on the basis of sex in educational programs or activities which receive Federal financial assistance. (Revised 6/27/2023)

**EMPLOYEE RIGHTS UNDER THE FAIR LABOR STANDARDS ACT** 

FEDERAL MINIMUM WAGE

ederal financial assistance. Employment discrimination is covered by Title VI if the primary all aspects of employment against persons with disabilities who, with or without

objective of the financial assistance is provision of employment, or where employment reasonable accommodation, can perform the essential functions of the job. If you

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

## FEDERAL MINIMUM WAGE \$7.25 PER HOUR BEGINNING JULY 24, 2009

The law requires employers to display this poster where employees can readily see it. be assessed for violations of the FLSA's child labor provisions. Heightened civil money dous jobs with certain work hours restrictions. Different rules pply in agricultural employmen IP CREDIT Employers of "tipped employees" who meet certain conditions may claim a partial wage credit based on tips received by their employees. Employers must pay tipped employees a cash wage of at least \$2.13 per hour if they claim a tip credit against

cash wage of at least \$2.13 per hour do not equal the minimum hourly wage, the 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 oworkers and the public, which may be used by the employee to express breast milk. **ENFORCEMENT** The Department has authority to recover back wages and an equa 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 inimum wage or overtime pay provisions of the law. Civil money penalties may also

OVERTIME PAY At least 1 ½ times your regular rate of pay for all hours worked over 40 penalties may be assessed for each child labor violation that results in the death or serious in a workweek.

CHILD LABOR An employee must be at least 16 years old to work in most non-farm jobs

in a workweek.

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 and at least 18 to work in non-farm jobs declared hazardous by the Secretary of Labor. Youths 14 and 15 years old may work outside school hours in various non-manufacturing,

ADDITIONAL INFORMATION overtime pay provisions. Certain narrow exemptions also apply to the pump at work Special provisions apply to workers in American Samoa, the Commonwealth of the Northern Mariana Islands, and the Commonwealth of Puerto Rico. Some state laws provide greater employee protections; employers must comply with both. Some employers incorrectly classify workers as "independent contractors" when they are actually employees under the FLSA. It is important to know the difference between the 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.

your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military.

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

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

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

• If you file a complaint with VETS and VETS is unable to resolve it, you may request that

your case be referred to the Department of Justice or the Office of Special Counsel, as

• You may also bypass the VETS process and bring a civil action against an employer for

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

UNITED STATES DEPARTMENT OF LABOR 1-866-487-9243

## USERRA - UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT YOUR RIGHTS UNDER USERRA THE UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT

USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services. REEMPLOYMENT RIGHTS You have the right to be reemployed in your civilian job if you HEALTH INSURANCE PROTECTION you ensure that your employer receives advance written or verbal notice of your service; you have five years or less of cumulative service in the uniformed services while with you return to work or apply for reemployment in a timely manner after conclusion of service; and you have not been separated from service with a disqualifying discharge or under other than honorable conditions.

If you are eligible to be reemployed, you must be restored to the job and benefits you • The U.S. Department of Labor, Veterans Employment and Training Service (VETS) is ould have attained if you had not been absent due to military service or, in some cases, RIGHT TO BE FREE FROM DISCRIMINATION AND RETALIATION If you: • are a past or present member of the uniformed service; • have applied for membership in the uniformed service; or • are obligated to serve in the uniformed service; then an employer may not deny you: • initial employment; • reemployment; • retention in employment; • 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

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

1-866-487-2365 **HUMAN TRAFFICKING NOTICE** 

applicable, for representation

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

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

authorized to investigate and resolve complaints of USERRA violations.

# **NOTICE ON HUMAN TRAFFICKING**

IF YOU OR SOMEONE YOU KNOW IS A VICTIM OF THIS CRIME, CONTACT THE FOLLOWING: IN NEW MEXICO, CALL OR TEXT

505-GET-FREE (505-438-3733) OR CALL THE NATIONAL HUMAN TRAFFICKING RESOURCE CENTER HOTLINE TOLL-FREE AT

1-888-373-7888 FOR HELP

YOU MAY ALSO SEND THE TEXT "HELP" OR "INFO" TO BEFREE ("233733")

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

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

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



# **UNEMPLOYMENT INSURANCE**

# **UNEMPLOYMENT INSURANCE NOTICE**

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

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

# **NEW MEXICO MINIMUM WAGE**



**EMPLOYEE RIGHTS** 

**NEW MEXICO MINIMUM WAGE ACT** 



# MINIMUM WAGE IN NEW MEXICO

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

**OVERTIME PAY** 

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

**TIPPED WORKERS** 

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

Employers must pay tipped employees an hourly rate of at least

NO SEPARATE RATE FOR STUDENTS OR **MINORS** 

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

**DAMAGES** 

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

**RETALIATION PROHIBITED** 

It is unlawful to retaliate against an employee for asserting a wage

claim or for informing other employees of their rights.

**ENFORCEMENT** 

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

**LOCAL MINIMUM WAGES RATES** 

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

**ADDITIONAL** 

overtime provisions.

Certain jobs or employers are exempt from the minimum wage or **INFORMATION** 

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

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

# OMBUDSMAN ACT

## **ATTENTION EMPLOYERS AND WORKERS!**

If you have questions about worker's compensation, call the WCA Ombudsman for free information. **New Mexico** Worker's Compensation Administration WCA HELP/HOTLINE

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

## Si usted tiene preguntas sobre compensación de los trabajadores, llame a un ombudsman

para información gratis. Administración de compensación De Los Trabajadores Línea De Asisencia Gratuita

**ATENCIÓN** 

**EMPLEADORES Y TRABAJADORES** 

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

DISCRIMINACIÓN es contra la ley.

LA LEY DE DERECHOS HUMANOS DE NUEVO MÉXICO

El Buró de Derechos Humanos impone las provisiones de la Ley de

Derechos Humanos de 1969. Adicionalmente, el Buró de Derechos

Humanos tiene un acuerdo de reparto de trabajo con la Comisión

Civiles de 1964 (Civil Rights Act), la Ley de Discriminación por

Edad en el Empleo de 1967 (Age Discrimination in Employment

Act, ADEA), y la Ley de Americanos con Discapacidades de 1990

(Americans with Disabilities Act. ADA), todas según enmendadas.

El acoso sexual y acoso basado en otras categorías protegidas

La Lev de Derechos Humanos prohíbe la discriminación en las áreas

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

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

de Derechos Humanos por teléfono o complete el formulario de

www.dws.state.nm.us

El Buró de Derechos Humanos del Departamento de Soluciones

de Fuerza Laboral de Nuevo México investiga quejas de

discriminación y acoso en el empleo, alojamiento, el acceso al

Las quejas deben ser presentadas al Buró de Derechos

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

Para ayuda en completar una queja, o por cualquier otra

información sobre la Ley de Derechos Humanos, por favor llame al

(800) 566-9471 (gratuitamente) o (505) 827-6838, o visite nuestra

www.dws.state.nm.us

prohíbe la represalia por quejas en cualquiera de estas áreas.

Discapacidad Mental Género

o Física o Condiciones • Afiliación Nupcial

Las bases discriminatorias prohibidas incluyen:

Género

Médicas Graves

Edad

Internet o póngase en contacto con nosotros.

Orientación Sexual

Identificación de

Religión

Publication 213

Cat. No. 11047P

(Rev. 8-2009)

PAYDAY NOTICE **Regular Paydays for Employees of** 

(Company Name)

Shall be as follows:

## WITHHOLDING STATUS

YOU MAY NEED TO CHECK YOUR WITHHOLDING Since you last filed form W-4 with your employer did you... Marry or divorce? Gain or lose a dependent · Change your name?

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

If you can answer "YES"... To any of these questions or you owed extra tax when you filed your last eturn, you may need to file a new form W-4.

See your employer for a copy of Form W-4 or call the IRS at 1-800-829-3676. Now is the time to check your withholding. For more details, get Publication 919, How Do I Adjust My Tax Withholding?, or use the Withholding Calculator at www.irs.gov/individuals on the IRS web site. **Employer:** Please post or publish this Bulletin Board Poster so that your employees will see it. Please indicate where they can get forms and nformation on this subject.

Department of the Treasury

## ANTI-DISCRIMINATION NOTICE

It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination For information, please contact The Office of Special Counsel for Immigration Related Unfair Employment Practices Office at 800-255-7688.

Color

Sexo

Origen

Nacional

Ascendencia

están prohibidos por la Ley.

quejas por Internet en:

**CUMPLIMIENTO** 

crédito, y hospedaje público.

discriminación o acoso.

página por Internet en:

## DISCRIMINATION

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

**NEW MEXICO HUMAN RIGHTS ACT** 

visit our website or contact us.

The Human Rights Bureau enforces the provisions of the Human Rights Act of 1969. Additionally, the Human Rights Bureau has a work-sharing agreement with the Equal Employment Opportunity Commission (EEOC) to de Igualdad de Oportunidades en el Empleo (Equal Employment enforce the provisions of federal law under Title VII of Opportunity Commission, EEOC) para hacer cumplir las the Civil Rights Act of 1964, the Age Discrimination in provisiones de la ley federal bajo el Título VII de la Ley de Derechos Employment Act of 1967 (ADEA), and the Americans with Disabilities Act of 1990 (ADA), all as amended. Prohibited discriminatory bases include:

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

Gender

Sexual harassment and harassment based on other protected categories is prohibited by the Act. The Human Rights Act prohibits discrimination in the areas of employment, housing, credit, and public accommodations, and prohibits retaliation for complaining about discrimination in any of these areas. If you feel you have been discriminated against, contact the Human Rights Bureau by phone or fill out a complaint

# www.dws.state.nm.us

The New Mexico Department of Workforce Solutions Human Rights Bureau investigates complaints of discrimination and harassment in employment, housing, credit, and public accommodations. Complaints must be filed with the Human Rights Bureau

within 300 days of the last act of discrimination or

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

www.dws.state.nm.us

Human Rights Bureau 2600 Cerrillos Rd. Santa Fe. NM 87505

Office: (505) 827-6838 • Toll-free: (800) 566-9471 Fax: (505) 827-6878



Buró de Derechos Humanos 2600 Cerrillos Rd. Santa Fe. NM 87505 Oficina: (505) 827-6838 • Línea Gratuita: (800) 566-9471 Fax: (505) 827-6878

# **WORKERS' COMPENSATION**

# **WORKERS' COMPENSATION ACT**

**State of New Mexico Workers' Compensation Administration** 

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

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

an information specialist known as an Ombudsman at the Workers' Compensation Administration

Representative. (see box below).

Notice -- In most cases you must tell your employer 1) Aviso. -- En la mayoría de los casos usted debe de avisarle a su empleador del accidente dentro de los primeros 15 días usando las formas de Aviso de Accidente. You have the right to information and assistance from 2) Usted tiene el derecho a información y ayuda contactán dose con

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

Su empleador / asegurador debe de pagar por los gastos médicos

Es posible que usted tenga, o no tenga, el derecho de escoger el

# **Employer's Insurer / Claims Representative:**

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

**SUS DERECHOS** 

Si se lastima en el trabajo:

necesarios y razonables.

Rev. 11/18

What happened?

Signed:

p.m., except holidays.

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

To be completed by Employer:

YOUR RIGHTS

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

necessary medical costs. You may or may not have the right to choose your health care proveedor de servicios para la salud. Si su empleador / asegurador ovider. If your employer / insurer has not given you written no le ha dado instrucciones por escrito de guien es él que an emergency, get emergency medical care first. insurer must pay wage benefits to partially offset your

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

instructions about who chooses first, call an ombudsman. In selecciona primero, pregúntele o llame a un ombudsman. En una emergencia, obtenga asistencia médica de emergencia primero. If you are off work for more than seven days, your employer Si usted está fuera del trabajo por más de siete días, su empleador / asegurador debe de hacerle un pago compensatorio de prestaciones para compensar parcialmente la pérdida de su salario. Si usted sufre "daño permanente," usted puede tener el derecho a recibir prestaciones parciales de salario por un periodo de tiempo

Ombudsmen are located at the following offices: Albuquerque: Farmington: Hobbs: Las Cruces: Las Vegas: I-866-967-5667 1-800-568-7310 1-800-934-2450 1-800-870-6826 1-800-281-7889 1-866-311-8587 1-505-476-7381 I-505-841-6000 1-505-599-9746 1-575-397-3425 1-505-524-6246 1-505-454-9251 1-505-623-3997

If You Need HELP Call:

# Si Usted Necesita Ayuda Llame Al:

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

Visit our website at: https://workerscomp.nm.gov For FREE copies of this poster and Notice of Accident Forms call: 1-866-967-5667

USE A NOTICE OF ACCIDENT FORM TO REPORT YOUR ACCIDENT TO YOUR SUPERVISOR EMPLOYER: You are required by law to post this poster where your employees can read it and to post Notice of Accident forms

with it. This poster without Notice of Accident forms does not comply with law. You have other rights and duties under the law. O New Mexico Workers' Compensation Administration

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

¿Dónde ocurrió el accidente?

Completado por el empleador:

Trabajador elegirá proveedor de atención médica. Yes\_\_\_ No\_\_\_

Trabajadores y empleadores con preguntas acerca de la compensación

Trabajadores para información y asistencia. Las oficinas están abiertas

Santa Fe: (505) 476-7381

viernes, con la excepción de dias festivos.

¿Qué ocurrió?

NOTICE OF ACCIDENT OR OCCUPATIONAL DISEASE DISABLEMENT

Conforme a la Lev de la Compensación de los Trabaiadores. Sección 52-1-29. Sección 52-3-19 y Sección 52-1-49, NMSA 1978: NMAC 11.4.4.11

## NOTICE OF ACCIDENT OR OCCUPATIONAL DISEASE DISABLEMENT NOTIFICACIÓN DE ACCIDENTE O ENFERMEDAD DE OFICIO n accordance with New Mexico law, Section 52-1-29, Section 52-3-19 and Section 52-1-49, NMSA 1978; NMAC 11.4.4.11

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

## Worker will choose health care provider. Yes\_\_\_ No\_\_\_ If Yes, Employer has right to change health care provider after 60 En caso afirmativo, el empleador tiene derecho a cambiar de

days. If No, Worker has the right to change health care provider proveedor de atención médica después de 60 dias. En caso que no elige, el trabajador tiene derecho a cambiar de proveedor de after 60 days. atención médica después de 60 dias WORKER'S INITIALS INICIALES DEL TRABAJADOR

Signed/Notice Received: rma/Notificación recibida: (employer or representative/empleador o representante) ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY

----SEE BACK OF THIS FORM---Form NOA-1 Employer/employee: Each keep one copy. Empleador/empleado: Retener una copia. ----VER AL REVERSO DE ESTA FORMA-Worker -- For emergency medical care, go to any emergency Trabajador Para emergencias médicas vaya a cualquier clinica / hospital. Workers and Employers with questions about workers' compensation may contact an Ombudsman at any New Mexico a cualquier oficina de la Administración de la Compensación de los

Workers' Compensation Administration office for information and

Statewide Helpline -- Linea de Asistencia 1-866-WORKOMP / 1-866-967-5667 toll free -- llamada sin costo de larga distancia New Mexico Workers' Compensation Administration PO Box 27198, Albuquerque, NM 87125 Albuquerque: (505) 841-6000 - 1 (800) 255-7965 Las Cruces: (575) 524-6246 - 1 (800) 870-6826

PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND

CRIMINAL PENALTIES. PREVIOUS NOA FORMS ARE STILL VALID FOR USE

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

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

https://workerscomp.nm.gov

## Your Employee Rights Under the Family and Medical Leave Act

FMLA - FAMILY AND MEDICAL LEAVE ACT

Vhat is FMLA leave? The Family and Medical Leave Act (FMLA) is a federal law that You must also inform your employer if FMLA leave was previously taken or approved for

use FMLA leave in **one block of time.** When it is medically necessary or otherwise nore information. FMLA leave is **not paid leave,** but you may choose, or be required by

• You work for a covered employer. • You have worked for your employer at least 12 months. • employer <u>must</u> confirm whether you are eligible or not eligible for FMLA leave. If your You have at least 1,250 hours of service for your employer during the 12 months before your employer determines that you are eligible, your employer <u>must</u> notify you in writing: ave, and • Your employer has at least 50 employees within 75 miles of your work location. Airline flight crew employees have different "hours of service" requirements. You work for a covered employer if one of the following applies: You work for a private employer that Where can I find more information ad at least 50 employees during at least 20 workweeks in the current or previous calendar year, • You work for an elementary or public or private secondary school, or • You work for a fmla to learn more. If you believe your public agency, such as a local, state or federal government agency. Most federal employees rights under the FMLA have been re covered by Title II of the FMLA, administered by the Office of Personnel Management. How do I request FMLA leave? Generally, to request FMLA leave you <u>must</u>: Follow your employer's normal policies for requesting leave, • Give notice at least 30 days before your employer in court. eed for FMLA leave, or • If advance notice is not possible, give notice as soon as possible. Scan the QR code to learn about You do <u>not</u> have to share a medical diagnosis but must provide enough information our WHD complaint process. to your employer so they can determine whether the leave qualifies for FMLA protection.

provides eligible employees with job-protected leave for qualifying family and medical reasons. The U.S. Department of Labor's Wage and Hour Division (WHD) enforces the FMLA for most employees. Eligible employees can take **up to 12 workweeks** of FMLA qualifying exigency. The FMLA does not affect any federal or state law prohibiting leave in a 12-month period for: • The birth, adoption or foster placement of a child with you, • Your serious mental or physical health condition that makes you unable to work, • provides greater family or medical leave rights. State employees may be subject to certain o care for your spouse, child or parent with a serious mental or physical health limitations in pursuit of direct lawsuits regarding leave for their own serious health condition, and • Certain qualifying reasons related to the foreign deployment of your spouse, child or parent who is a military servicemember.

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. n eligible employee who is the spouse, child, parent or next of kin of a covered What does my employer need to do? If you are eligible for FMLA leave, your employer servicemember with a serious injury or illness may take up to 26 workweeks of FMLA leave in a single 12-month period to care for the servicemember. You have the right to not taken leave, and • Allow you to return to the same job, or a virtually identical job with permitted, you may take FMLA leave **intermittently in separate blocks of time, or on a** the same pay, benefits and other working conditions, including shift and location, at the reduced schedule by working less hours each day or week. Read Fact Sheet #28M(c) for end of your leave. Your employer cannot interfere with your FMLA rights or threaten or punish you for 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. exercising your rights under the law. For example, your employer cannot retaliate against you for requesting FMLA leave or cooperating with a WHD investigation. After becoming

ible to take FMLA leave? You are an eligible employee if all of the following apply: aware that your need for leave is for a reason that may qualify under the FMLA, your • About your FMLA rights and responsibilities, and • How much of your requested leave Call 1-866-487-9243 or visit dol.gov/

**AUSENCIA POR ENFERMEDAD PAGADA** 





Aviso de Derechos de Empleados

# WAGE AND HOUR DIVISION

## PAID SICK LEAVE

# **PAID SICK LEAVE**

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

sick leave can carry over year-to-year.

their rights under the Act.

**USE OF PAID SICK LEAVE** 

Employees accrue one hour of earned sick leave for every thirty hours Empleados acumulan una hora de ausencia por enfermedad ganada por cada treinta

may provide for more accrual, use, or carry over of earned sick leave. The Act does not preempt or override the terms of any collective bargaining agreement. The Act applies to all employees—full-time, part-time, seasonal, and temporary. The Act also applies to employees who are salaried, tipped, propinas, o en un programa de pago por día, al igual que empleados que reciben or on a per-diem schedule, as well as employees paid on task, piece, or un pago por tarea, pieza o comisión. Empleados no pueden contratar o aceptar commission basis. Employees may not contract out of or agree to waive

worked, starting their first day of work. Up to 64 hours of unused earned

The Act provides minimum requirements; other laws or employer policies

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

Used sick leave is compensated at the employee's usual hourly rate and benefits. The hourly rate must be at least minimum wage. **REASON FOR USE OF LEAVE** 

Employees may use accrued sick leave for the following reasons: • Employee's treatment or diagnosis of illness, injury, or health condition, Care of employee's family members for treatment or diagnosis of illness, injury, or health condition, or preventative medical care. Meetings related to employee's child's health or disability.

 Absence necessary because of and related to domestic abuse, sexual assault, or stalking suffered by the employee or their family member. **USE OF SICK LEAVE** Employers must grant use of earned sick leave upon the oral or written request of an employee or an individual acting on the employee's behalf. When possible, the request must include the expected duration of the absence. An employer may not condition an employee's taking earned

foreseeable, the employee must notify the employer as soon as practicable. tan pronto como sea posible. An employer must give written or electronic notice of employee rights and

the Act's terms and provisions to an employee at the start of employment.

This notice must be in English, Spanish, or any language that is the first

language spoken by at least ten percent of the employer's workforce, as

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

requested by the employee.

**COMPLAINT PROCESS** 

**DOCUMENT RETENTION** Employers must keep records documenting hours worked by employees and earned sick leave accrued and taken by employees for four years. **RETALIATION PROHIBITED** Employers may not take or threaten an adverse action against an

retaliate because an employee raises concerns about violations of the Act, exercises their rights under the Act, or participates in investigations or legal proceedings related to alleged violations of the Act. Examples of retaliation include the following: denying use or delaying payment of earned sick leave, termination, reducing work hours, giving the employee undesirable assignments or scheduling, threats, discipline, counting use of earned sick leave hours as an absence that may lead to any adverse action, or any other employment action considered less favorable.

4400, visiting www.dws.state.nm.us, or going to a New Mexico Workforce Connections Office. Notice: The Division will disclose complainant's identity as part of the investigation. An employee's legal status for presence in the United States is not a defense to any action brought pursuant to the Act. Employees must file a complaint with the Division or file a civil action in a court within three years from the date the alleged violation occurred. and/or penalties pursuant to the Act.

Division, enforces the Act. Any employee aggrieved by a violation of the Act

may file a complaint with the Labor Relations Division by calling (505) 841-

## Ley de Lugares de Trabajo Saludables | NMSA 50-17-1 a 50-17-12 Fecha de Vigencia: 1 de julio de 2022 **Labor Relations Division** 401 Broadway NE, Albuquerque, NM 87102 • Albuquerque: (505) 841-4400 • Santa Fe: (505) 827-6838 • Las Cruces: (575) 524-6195

enfermedad ganada no usada puede transferirse año tras año. La Ley establece requisitos mínimos; otras leyes o políticas de empleadores pueden proporcionar más acumulación, uso o transferencia de año tras año de la ausencia por enfermedad acumulada. La Ley no evita o anula los términos de cualquier La Ley aplica a todo empleado—tiempo completo, tiempo parcial, temporada y temporal. La Ley también aplica a empleados que son asalariados, que reciben

horas trabajadas, a partir de su primer día de trabajo. Hasta 64 horas de ausencia por

renunciar a sus derechos bajo la Ley. USO DE AUSENCIA POR ENFERMEDAD PAGADA Empleados pueden usar hasta 64 horas de ausencia por enfermedad ganada por período de doce meses, si trabajan suficientes horas. Empleadores individuales puede

establecer un límite más alto. Émpleadores pueden seleccionar cuando comienza el período de 12 meses. La ausencia por enfermedad usada se compensa con la tarifa por hora y los beneficios

usuales del empleado. La tarifa por hora debe ser al menos el salario mínimo. RAZÓN DEL USO DE LA AUSENCIA Empleados pueden usar la ausencia por enfermedad acumulada para las siguientes • Tratamiento o diagnóstico de enfermedad, lesión o condición de salud del empleado, o atención médica preventiva para el empleado.

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

reemplazo para cubrir durante la ausencia del empleado. Un empleador no puede exigir a un empleado que use otra ausencia pagada antes de que el empleado use la ausencia por enfermedad de conformidad con la Ley. El empleado debe notificar al empleador con anticipación cuando el uso de la ausencia The employee should notify the employer in advance when use of sick por enfermedad es previsible y debe hacer un esfuerzo razonable para programar la leave is foreseeable and make a reasonable effort to schedule the leave ausencia de modo que no interrumpa las operaciones comerciales. Cuando el uso de

> v los términos y disposiciones de la Ley a un empleado al comienzo del empleo. Este aviso debe estar en inglés, español o cualquier idioma que sea el primer idioma hablado por al menos el diez por ciento de la fuerza laboral del empleador, según lo solicite el empleado. DOCUMENTACIÓN RAZONABLE Un empleador puede exigir documentación razonable que verifique que la ausencia

> por enfermedad se usó para un propósito cubierto si el empleado usa dos o más

**RETENCIÓN DE DOCUMENTOS** Empleadores deben mantener registros que documenten las horas trabajadas por los

**REPRESALIAS PROHIBIDAS** Empleadores no pueden tomar ni amenazar con tomar una acción adversa contra employee that is reasonably likely to deter employees from exercising un empleado que sea razonablemente probable que disuada a los empleados de or attempting to exercise their rights under the Act. Employers may not ejercer o intentar ejercer sus derechos bajo la Ley. Empleadores no pueden tomar represalias porque un empleado presente inquietudes sobre violaciones de la Ley, ejerza sus derechos bajo la Ley o participe en investigaciones o procedimientos

> de la ausencia por enfermedad ganada, despido, reducción de horas de trabajo, dar al empleado asignaciones u horarios indeseables, amenazas, disciplina, contar el uso de las horas de ausencia por enfermedad ganada como una ausencia que puede llevar a cualquier acción adversa, o cualquier otra acción laboral considerada menos favorable. PROCESO DE DENUNCIA

> llamando al (505) 841-4400, visitando www.dws.state.nm.us o dirigiéndose a una Oficina de Conexiones de Fuerza Laboral. Aviso: La División revelará la identidad del denunciante como parte de la investigación. El estatus legal de un empleado para la oresencia en los Estados Unidos no es una defensa para ninguna acción presentada de conformidad con la Ley. Empleados deben presentar una queja ante la División o presentar una acción civil en

un tribunal dentro de tres años a partir de la fecha en que ocurrió la supuesta violación. An employer found to be in violation of the Act will be liable for damages Un empleador que se encuentre en violación de la Ley será responsable de los daños v/o sanciones de conformidad con la Lev. Para más detalles,

## For more details, see the full text of the law and regulations, available at consulte el texto completo de la ley y las regulaciones, disponibles en www.dws.state.nm.us www.dws.state.nm.us

# EMPLOYEE POLYGRAPH PROTECTION ACT

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

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

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



**NEW MEXICO JOB HEALTH AND SAFETY POSTER** 

**You Have a Right to a Safe and Healthful Workplace** 

IT'S THE LAW! **Employees:** 

participate in the inspection. You can file a complaint with New Mexico OSHA within 30 days of discrimination by your employer for making safety and health complaints or for exercising your rights under the **New Mexico Occupational Health and Safety Act.** 

citations at or near the place of the alleged violation. · Your employer must correct workplace hazards by the date indicated on the citation and must certify that these hazards have been reduced or eliminated. • You have the right to copies of your medical records or records of your exposure to toxic and

actions and conduct on the job. **Employers:** 



Mexico Occupational Health and Safety Program may do so by contacting U.S. Department of Labor, Occupational Safety and Health Administration, 525 Griffin Street, Room 602, Dallas, Texas 75202 at (972) 850-4145.

# **iLO ESTABLECE LA LEY!**

usted piensa que en su trabajo existen condiciones peligrosas o poco saludables. Usted o su representante pueden participar en esa inspección. Usted tiene 30 dias para presentar una queja ante la OSHA de Nuevo Mexicó si su empleador llaga a tomar represalias o discriminar en su contra por haber denunciado la condición de seguridad o salud o por ejercer los derechos consagrados bajo la Ley OSH de Nuevo Mexicó. · Usted tiene el derecho de ver las citaciones enviadas por la OSHA a su empleador. Su

· Su empleador debe corregir los peligros en el lugar de trabajo para la fecha indicada en la citación y debe certificar que dichos peligros se hayan reducido o desaparecido. Usted tiene derecho de recibir copias de su historial o registro médico y el registro de su exposición a sustancias o condiciones tóxicas o dañinas.

 Usted debe proporcionar a sus empleados un lugar de empleo libre de peligros conocidos. Usted debe cumplir con las normas de seguridad y salud ocupacionales expedidas conforme La Ley de Seguridad y Salud Ocupacionales de 1970 (la Ley), P.L. 91-596, garantiza

desempeñen algún trabajo en todo el Estado de Nuevo México. La Administración de Seguridad y Salud Ocupacionales (OSHA), es la responsable principal de supervisar la Ley. Los derechos que se indican en este documento pueden variar según las circunstancias particulares. Para presentar un reclamo, informar sobre una emergencia o pedir consejos y

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

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

NM-0823-F04

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

NEW MEXICO

Site Address/La Dirección a la

525 Camino de los Marquez, Santa Fe, NM 87505 Mailing Address/Dirección de

PO Box 5469 Santa Fe, NM 87502-5469 Telephone No./Número de 505-476-8700 or 1-877-610-6742 Fax Number/Número de





# R022607 MMP

· Su empleador debe colocar este aviso en su lugar de trabajo.

USO DE AUSENCIA POR ENFERMEDAD Empleadores deben otorgar el uso de ausencia por enfermedad ganada a solicitud oral o escrita de un empleado o una persona que actúe en nombre del empleado. Cuando sea posible, la solicitud incluirá la duración esperada de la ausencia. Un empleador no puede condicionar el hecho de que un empleado tome una ausencia por enfermedad ganada a que el empleado busque o encuentre un trabajador de

so it does not disrupt business operations. When use of sick leave is not la ausencia por enfermedad no sea previsible, el empleado notificará al empleador Un empleador debe dar aviso escrito o electrónico de los derechos de los empleados

> días laborales consecutivos de ausencia por enfermedad. Empleadores deben tratar toda la información obtenida relacionada con un empleado que toma ausencia por enfermedad como confidencial.

> legales relacionados con presuntas violaciones de la Ley. Los ejemplos de represalias incluyen lo siguiente: negar el uso o retrasar el pago

The New Mexico Department of Workforce Solutions, Labor Relations El Departamento de Soluciones de Fuerza Laboral de Nuevo México, la División de Relaciones Laborales, hace cumplir la Ley. Cualquier empleado agraviado por una violación de la Ley puede presentar una queja con la División de Relaciones

EMPLOYEE RIGHTS | EMPLOYEE POLYGRAPH PROTECTION ACT The Employee Polygraph Protection Act prohibits most private employers preempt any provision of any State or local law or any collective bargaining agreement

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 EXEMPTIONS Federal, State and local governments are not affected by the law. Also, the assess civil penalties against violators. Employees or job applicants may also bring their individuals engaged in national security-related activities. The Act permits polygraph (a THE LAW REQUIRES EMPLOYERS TO DISPLAY THIS POSTER WHERE EMPLOYEES AND

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

You have a right to see OSHA citations issued to your employer. Your employer must post the

harmful substances or conditions. Your employer must post this notice in your workplace. • You must comply with all OSHA standards issued under the OSH Act that apply to your own

circumstances. To file a complaint, report an emergency, or seek free OSHA advice and assistance, call 1-877-610-6742 or (505) 476-8700 or email at Complaints.OSHA@state.nm.us. Our fax number is (505) 476-8734. For information or assistance relative to the State Occupational Health & Safety program, please refer to address to the left side of poster. The Federal Occupational Safety and Health Administration monitors the operation of the state program to assure its continued effectiveness. Anyone wishing to register a complaint concerning the administration of the New



· Usted debe cumplir con todas la normas de seguridad y salud ocupacionales expedidas conforme a la Ley OSH que sean aplicables a sus propias acciones y conducta en el trabajo.

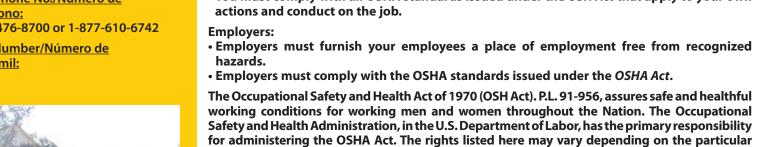
asistencia gratis de la OSHA, llame 1-877-610-6742 or (505) 476-8700 o email Complaints. OSHA@state.nm.us. Número de facsímil - (505) 476-8734. La Administración de Salud y Seguridad Ocupacional Federal supervisa la operación del programa estatal para asegurar su eficacia continuada. Alguien deseando registrar una queja acerca de la administración de OSHA por parte del Estado, puede hacer así por ponerse en contacto New Mexico Environment Department, Occupational Safety and Health Administration, 525 Griffin Street, Room 602, Dallas, Texas 75202, número de teléfono

empleados y la ausencia por enfermedad acumulada y tomada por los empleados durante cuatro años.

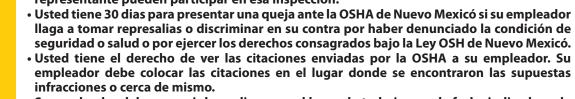


# OCCUPATIONAL SAFETY AND HEALTH PROTECTION

You have the right to request a New Mexico OSHA inspection if you believe that there are unsafe or unhealthful conditions in your workplace. You or your representative may







(972) 850-4145.

sick leave on the employee searching for or finding a replacement worker to cover during the employee's absence. An employer may not require an employee to use other paid leave before the employee uses sick leave