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★ ★ ★ ★ ★ LABOR LAW POSTER ★ ★ ★ ★ ★

NEW MEXICO JOB HEALTH AND SAFETY POSTER

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

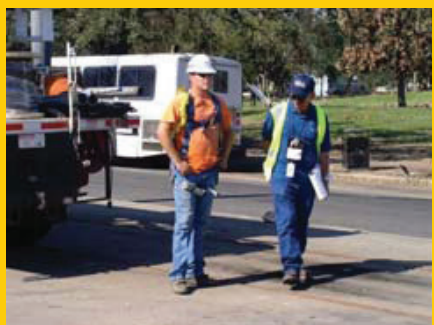


Site Address/La Dirección a la
Agencia:
525 Camino de los Marquez,
Ste. 3
Santa Fe, NM 87505
Mailing Address/Dirección de
Envío:
PO Box 5469
Santa Fe, NM 87502-5469
Telephone No./Número de
Teléfono:
505-476-8700 or 1-877-610-6742
Fax Number/Número de
Facsimil:
505-476-8700



SALUD DE TRABAJO Y CARTEL DE SEGURIDAD

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



R022607 MMP

Employees:

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

Employers:

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

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

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

Empleados:

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

Empleadores:

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

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

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

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

AVISO DE SEGURO DEL DESEMPLEO

El estado de nuevo México requiere a todos empleadores para anunciar y mantener la Nota del Seguro del Desempleo en un lugar prontamente accesible a individuos en su O servicio. Para obtener la Nota del Seguro del Desempleo, por favor contacto:

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

DISCRIMINATION is against the law.

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

NEW MEXICO HUMAN RIGHTS ACT

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

- Race
- Age
- Color
- Gender
- National Origin
- Physical or Mental
- Ancestry
- Disability or Serious
- Sex
- Medical Condition

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

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

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

www.dws.state.nm.us

ENFORCEMENT

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

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

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

www.dws.state.nm.us

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Human Rights Bureau
2600 Cerrillos Rd, Santa Fe, NM 87505
Office: (505) 827-6838 • Toll-free: (800) 566-9471
Fax: (505) 827-6878



AVISO SOBRE TRÁFICO DE PERSONAS

SI USTED O ALGUIEN QUE USTED CONOZCA ES VÍCTIMA DE ESTE CRIMEN, POR FAVOR CONTACTE A:
EN NUEVO MÉXICO, LLAME O ENVÍE UN MENSAJE DE TEXTO A
505-GET-FREE (505-438-3733)

O LLAME DE MANERA GRATUITA A LA LÍNEA DE ATENCIÓN DEL CENTRO NACIONAL
DE RECURSOS CONTRA EL TRÁFICO DE PERSONAS AL: **1-888-373-7888**

PARA OBTENER AYUDA TAMBIÉN PUEDE ENVIAR EL MENSAJE DE TEXTO "HELP" O "INFO" A BREFREE ("233733")
SU IDENTIDAD PERMANECERÁ EN EL ANONIMATO, Y SU LLAMADA O MENSAJE DE TEXTO SERÁ CONFIDENCIAL

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

LA OBTENCIÓN DE TRABAJO O SERVICIOS FORZADOS ES UN CRIMEN SEGÚN LAS LEYES DE NUEVO MÉXICO Y LAS LEYES FEDERALES

DISCRIMINACIÓN es contra la ley.

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

LA LEY DE DERECHOS HUMANOS DE NUEVO MÉXICO

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

- Raza
- Edad
- Color
- Género
- Origen Nacional
- Discapacidad Mental
- Ascendencia
- Física o Condiciones
- Sexo
- Medicas Graves
- Religión

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

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

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

www.dws.state.nm.us

CUMPLIMIENTO

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

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

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

www.dws.state.nm.us



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

State of New Mexico Workers' Compensation Administration
WORKERS' COMPENSATION ACTIf You Are Injured At Work
Si Se Lastima En El Trabajo

- 1) **Notice** -- In most cases you must tell your employer about the accident within 15 days, using the Notice of Accident Form.
- 2) **You have the right** to information and assistance from an information specialist known as an Ombudsman at the Workers' Compensation Administration.
- 3) **Claims information** -- Contact your employer's Claims Representative. (see box below).

Employer's Insurer / Claims Representative:

Name: _____

Phone #: _____

Address: _____

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

YOUR RIGHTS

If you are injured in a work-related accident:

Your employer / insurer must pay all reasonable and necessary medical costs. You may or may not have the right to choose your health care provider. If your employer / insurer has not given you written instructions about who chooses first, call an ombudsman. In an emergency, get emergency medical care first. If you are off work for more than seven days, your employer / insurer must pay wage benefits to partially offset your lost wages. If you suffer "permanent impairment," you may have the right to receive partial wage benefits for a longer period of time.

Ombudsmen are located at the following offices:

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

If You Need HELP Call:

Ask for Ombudsman

Si Usted Necesita Ayuda Llame Al:

Pregunte por un Ombudsman

1-866-WORKOMP (1-866-967-5667)Visit our website at: <https://workerscomp.nm.gov>

For FREE copies of this poster and Notice of Accident Forms call: 1-866-967-5667 USE A NOTICE OF ACCIDENT FORM TO REPORT YOUR ACCIDENT TO YOUR SUPERVISOR

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

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POST FORMS HERE

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

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

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

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

I, _____	(yo)
was involved in an on-the-job accident or was disabled	me lastime en un accidente en el trabajo o fui incapacitado
on _____, 20_____.	on _____, del 20_____.
by an occupational disease at approximately _____	por enfermedad de oficio aproximadamente (time/a la(s) hora(s)) el (date/fecha) _____.
Employee's social security number: _____	Número de seguro social del empleado: _____
Where did the accident occur? _____	¿Dónde ocurrió el accidente? _____
What happened? _____	¿Qué ocurrió? _____
To be completed by Employer: Worker will choose health care provider. Yes ____ No ____ If Yes, Employer has right to change health care provider after 60 days. If No, Worker has the right to change health care provider after 60 days.	Completado por el empleador: Trabajador elegirá proveedor de atención médica. Yes ____ No ____ En caso afirmativo, el empleador tiene derecho a cambiar de proveedor de atención médica después de 60 días. En caso que no elige, el trabajador tiene derecho a cambiar de proveedor de atención médica después de 60 días.
WORKER'S INITIALS _____	INICIALES DEL TRABAJADOR _____

Signed: _____
Firma: _____ (employee/empleado)

Signed/Notice Received: _____
Firma/Notificación recibida: (employer or representative/empleado o representante)

Date/fecha: _____

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

Form NOA-1 Employer/employee: Each keep one copy. ---SEE BACK OF THIS FORM---
Empleador/empleado: Retener una copia. ---VER AL REVERSO DE ESTA FORMA---

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

Statewide Helpline -- Línea de Asistencia
1-866-WORKOMP / 1-866-967-5667
toll free -- llamada sin costo de larga distancia
Albuquerque: (505) 841-6000 - 1 (800) 255-7965
Farmington: (505) 599-9746 - 1 (800) 568-7310
Hobbs: (575) 397-3425 - 1 (800) 934-2450
Las Cruces: (575) 524-6246 - 1 (800) 870-6826
Las Vegas: (505) 454-9251 - 1 (800) 281-7889
Roswell: (575) 623-3997 - 1 (866) 311-8587
Santa Fe: (505) 476-7381

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New Mexico Workers' Compensation Administration
PO Box 27198, Albuquerque, NM 87125

<https://workerscomp.nm.gov>

PAID SICK LEAVE

Notice of Employee Rights

Healthy Workplaces Act | NMSA 50-17-1 to 50-17-12

Effective date: July 1, 2022

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

ACCRUAL

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

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

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

USE OF PAID SICK LEAVE

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

PAY

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

REASON FOR USE OF LEAVE

Employees may use accrued sick leave for the following reasons:

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

USE OF SICK LEAVE

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

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

NOTICE

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

REASONABLE DOCUMENTATION

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

DOCUMENT RETENTION

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

RETALIATION PROHIBITED

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

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

COMPLAINT PROCESS

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

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

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

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

Rev. 03/22

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)



WCA 08/2005

ATENCIÓN EMPLEADORES Y TRABAJADORES

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

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