



**KNOW YOUR RIGHTS IN THE WORKPLACE**

# **MINNESOTA & FEDERAL PRINTABLE LABOR LAWS**

# MINNESOTA PRINTABLE LABOR LAW GUIDE

Thank you for choosing LaborLawCenter™ to meet compliance regulations for you and your remote workers!

- This guide covers:**
- Remote Worker Use
  - Printing the Labor Law Posters
  - Sending Customized Acknowledgment Agreements

## How to Use

The mandated state and federal labor law posters that all employees must be informed of are located in this document. State poster names are in red and federal poster names are in blue.

Your remote workers can reference these laws anytime by saving the file to their desktop or printing the individual posters.

## How to Print the Individual Notices

Located at the bottom, right-hand corner on each poster is the print icon. The required print size from the regulating agency is listed next to the icon. Click on the icon to open the 'Print' window and proceed.

### Look For This Button

PRINT

Official Print Size - 8.5" x 11"  
Compliance Ready - Do Not Scale

**NOTE:** Each notice is formatted according to state or federal regulations, such as font size, posting size, color and layout. To be in compliance when printing the posters, do not scale.

## How to Customize and Send the Acknowledgment Agreement

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

Before sending to your remote worker, you must complete the "Comments" field with:

- The reply-to email address or addresses that the remote worker should send the signed acknowledgement to
- Additional information your business requires, such as the Employee Identification Number or where to post instructions

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

### Fill In Comments

#### ACKNOWLEDGEMENT

I certify that I have received and read the contents of the Labor Laws.

Employee Name: \_\_\_\_\_

Date Received: \_\_\_\_\_

Signature of Recipient: \_\_\_\_\_

Comments:

SUBMIT ACKNOWLEDGEMENT

**NOTE:** Signed acknowledgments should be stored securely by the administrator. That agreement is the only electronic acknowledgment copy for your records. LaborLawCenter™ does not store or keep on file your records.

## 2 Minnesota Labor Laws

# PARENTAL LEAVE ACT

## Parental leave laws

### PARENTAL LEAVE

**Employees may take up to 12 weeks of unpaid leave upon the birth or adoption of their child when:**

1. they work for a company with 21 or more employees at a single site, regardless of where that site is;
2. they have been with the company for at least 12 months; and
3. they worked at least half time during the past 12 months.

#### **When does the parental leave start?**

- The leave must be taken within 12 months of the birth or adoption.
- Employees must request the leave from their employer.
- Employees can choose when the leave will begin.
- Employers can adopt reasonable policies about when requests for leave must be made.



### FREQUENTLY ASKED QUESTIONS

#### **Can my pregnancy or parental leave count against my paid leave?**

Yes. If you have paid leave, including sick leave or paid vacation, the amount of parental leave can be reduced so the total leave (parental plus paid leave) is not more than 12 weeks.

#### **Can my pregnancy or parental leave count against FMLA leave?**

Yes. You only have a right to 12 weeks of leave total for birth or adoption of a child and any pregnancy related leave even if you qualify for both FMLA and pregnancy or parental leave.

The federal Family Medical Leave Act (FMLA) requires employers to provide up to 12 weeks of unpaid leave in connection with the birth or adoption of a child or for a serious health condition. You may be entitled to additional leave under FMLA for a non-pregnancy related serious health condition.

If you have questions about FMLA, contact the U.S. Department of Labor at 612-370-3341 or [www.dol.gov/whd/fmla](http://www.dol.gov/whd/fmla).

#### **Does my employer have to continue my benefits during the leave?**

Yes. Your employer-provided health insurance must be continued during pregnancy and parental leave. You may be asked to pay for this coverage.

#### **Do I get my job back when I return from leave?**

Yes. Your employer cannot retaliate against you for requesting or taking a leave. You are entitled to employment in your former position or one with comparable duties, hours and pay. You are also entitled to the same benefits and seniority you had before the leave. You may return to part-time work during the leave without forfeiting the right to return to full-time work at the end of the leave.



Labor Standards • 443 Lafayette Road N. • St. Paul, MN 55155  
651-284-5075 • 800-342-5354 • 651-284-5099 (Spanish) • [www.dli.mn.gov](http://www.dli.mn.gov) • [dli.laborstandards@state.mn.us](mailto:dli.laborstandards@state.mn.us)

Notice: This flier is a brief summary of Minnesota law. It is intended as a guide and is not to be considered a substitute for Minnesota Statutes regarding parental leave laws.

Version 0622

**PRINT**

## UNEMPLOYED?

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Have you lost your job or had your work hours reduced?

You have the right to apply for Unemployment Insurance Benefits.

**Apply online at [www.uimn.org](http://www.uimn.org)**

or by telephone at 651-296-3644 (Twin Cities)  
or toll free 1-877-898-9090 (Greater Minnesota)  
TTY users: 1-866-814-1252

This information is available in an alternative format by calling 651-259-7223  
DEED is an Equal Opportunity Employer/Provider.

DEED-50227 / 15,000 / March 2022

**PRINT**

# MINNESOTA MINIMUM WAGE

## Minimum wage rates

Effective: Jan. 1, 2023

|   |  | MINIMUM WAGE RATE                       |  |
|---|--|---|--|
| <b>Large employer</b> – Any enterprise with annual gross revenues of \$500,000 or more  |  | <b>\$10.59</b> /hour                    |  |
| <b>Small employer</b> – Any enterprise with annual gross revenues of less than \$500,000  |  | <b>\$8.63</b> /hour                     |  |
| <b>Training wage</b> – May be paid to employees aged 18 and 19 the first 90 consecutive days of employment  |  |   |  |
| <b>Youth wage</b> – May be paid to employees aged 17 or younger   |  |   |  |
| <b>J-1 Visa</b> – May be paid to employees of hotels, motels, lodging establishments and resorts working under the authority of a summer work, travel Exchange Visitor (J) non-immigrant visa         |  | <b>\$8.63</b> /hour                     |  |
| <b>OVERTIME</b>   | Time-and-one-half the employee's regular rate of pay   | <b>Small or state-covered employers</b> | <b>Large and federally covered employers</b> |
|   |  | After <b>48</b> hours                   | After <b>40</b> hours                        |
| <b>EMPLOYEE RIGHTS</b>  | An employer may not discharge, discipline, threaten, discriminate or penalize an employee regarding the employee's compensation, conditions, location or privileges of employment because the employee reports a violation of any law or refuses to participate in an activity the employee knows is a violation of law. |   |  |
| View complete wage-rate information at <a href="http://www.dli.mn.gov/business/employment-practices/minimum-wage-minnesota">www.dli.mn.gov/business/employment-practices/minimum-wage-minnesota</a> . |  |   |  |

**m** DEPARTMENT OF  
LABOR AND INDUSTRY

651-284-5075 • 800 342 5354 • [dli.laborstandards@state.mn.us](mailto:dli.laborstandards@state.mn.us) • [www.dli.mn.gov](http://www.dli.mn.gov)

Posting required by law in a location where employees can easily see this notice.

October 2022

PRINT

# NO SMOKING NOTICE



## **THIS ENTIRE ESTABLISHMENT IS SMOKE-FREE**

Effective October 1, 2007, smoking will be prohibited in all indoor public places and indoor places of employment, per the Freedom to Breathe provisions of the Minnesota Clean Indoor Act.

**All proprietors are required to post a “No Smoking” sign(s) at or immediately inside of all public entrances.**

Posting this sign on or immediately inside public entrance(s) of your facility meets the signage requirements of the law.

Rev. 04-08

**PRINT**

## Age discrimination

### Know your rights under Minnesota laws prohibiting age discrimination

#### It is unlawful for an employer to:

- refuse to hire or employ a person on the basis of age;
- reduce in grade or position or demote a person on the basis of age;
- discharge or dismiss a person on the basis of age; or
- mandate retirement age if the employer has more than 20 employees.

#### Employers terminating employees 65 or older because they can no longer meet job requirements must give 30 days notice of intention to terminate.

This poster contains only a summary of Minnesota law. For more information, contact the:

Minnesota Department of Labor and Industry  
Phone: (651) 284-5070

Minnesota Department of Human Rights  
Phone: (651) 539-1100

 **DEPARTMENT OF  
LABOR AND INDUSTRY**

(651) 284-5070 • 1-800-342-5354 • [dli.laborstandards@state.mn.us](mailto:dli.laborstandards@state.mn.us) • [www.dli.mn.gov](http://www.dli.mn.gov)

Posting required by law in a location where employees can easily see this notice.

September 2017

**PRINT**

## Workers' compensation

### If you are injured

- Report any injury to your supervisor as soon as possible, no matter how minor it may appear. You may lose the right to workers' compensation benefits if you do not make a timely report of the injury to your employer. The time limit may be as short as 14 days.
- Provide your employer with as much information as possible about your injury.
- Get any necessary medical treatment as soon as possible. If you are not covered by a certified managed care organization (CMCO), you may treat with a doctor of your choice. Your employer must notify you in writing if you are covered by a CMCO.
- Cooperate with all requests for information concerning your claim.

The law allows the workers' compensation insurer to obtain medical information related to your work injury without your authorization, but they must send you written notification when they request the information.

The insurer cannot obtain other medical records unless you sign a written authorization.
- Get written confirmation from your doctor about any authorization to be off work. The note should be as specific as possible.

### Workers' compensation pays for

- Medical care for your work injury, as long as it is reasonable and necessary.
- Wage-loss benefits for part of your lost income.
- Compensation for permanent damage to or loss of function of a body part.
- Vocational rehabilitation services if you cannot return to your pre-injury job or to your pre-injury employer due to your work injury.
- Benefits to your spouse and/or dependents if you die as a result of a work injury.

### What the insurer must do

- The insurer must investigate your claim promptly. If you have been disabled for more than three calendar-days, the insurer must begin payment of benefits or send you a denial of liability within 14 days after your employer knew you were off work or had lost wages because of your claimed injury.
- **If the insurer accepts your claim for wage-loss benefits and you have been disabled for more than three calendar-days:** The insurer will notify you and must start paying wage-loss benefits within the 14 days noted above. The insurer must pay benefits on time. Wage-loss benefits are paid at the same intervals as your work paychecks.
- **If the insurer denies your claim for wage-loss benefits and you have been disabled for more than three calendar-days:** The insurer will send notice to you within 14 days. The notice must clearly explain the facts and reasons why they believe your injury or illness did not result from your work or why the claimed wage-loss benefits are not related to your injury.

If you disagree with the denial, talk with the insurance claims adjuster who is handling your claim. If you are not satisfied and still disagree with the denial, **call the Minnesota Department of Labor and Industry's Workers' Compensation Hotline at 1-800-342-5354.**

### Fraud

Collecting workers' compensation benefits you are not entitled to is theft. Call 1-888-372-8366 to report workers' compensation fraud.

### Insurer name and contact information

 **DEPARTMENT OF  
LABOR AND INDUSTRY**

(651) 284-5032 • 1-800-342-5354 • [dli.workcomp@state.mn.us](mailto:dli.workcomp@state.mn.us) • [www.dli.mn.gov](http://www.dli.mn.gov)

Posting required by law in a location where employees can easily see this notice.

August 2017

**PRINT**



## Safety and health protection on the job

**Employees** The Minnesota Occupational Safety and Health Act (the Act) requires that your employer provide you with a workplace free of known hazards that can cause death, injury or illness. You also have the following workplace rights and responsibilities.

- You must follow all Minnesota OSHA (MNOSHA) standards and your employer's safety rules.
- Your employer must provide you with information about any hazardous chemicals, harmful physical agents and infectious agents you are exposed to at work.
- You have the right to discuss your workplace safety and health concerns with your employer or with MNOSHA.
- You have the right to refuse to perform a job duty if you believe the task or equipment will place you at immediate risk of death or serious physical injury. However, you must do any other task your employer assigns you to do. You cannot simply leave the workplace.
- You have the right to be notified and comment if your employer requests any variance from MNOSHA standard requirements.
- You have the right to speak to a MNOSHA investigator inspecting your workplace.
- You have the right to file a complaint with MNOSHA about safety and health hazards and request that an inspection be conducted. MNOSHA will not reveal your name to the employer.
- You have the right to see all citations, penalties and abatement dates issued to your employer by MNOSHA.
- Your employer cannot discriminate against you for exercising any of your rights under the Act. However, your employer can discipline you for not following its safety and health rules. If you feel your employer has discriminated against you for exercising your rights under the Act, you have 30 days to file a complaint with MNOSHA.
- Your employer must provide you with any exposure and medical records it has about you upon request.
- You have the right to participate in the development of standards by MNOSHA.

# OSHA - THE OCCUPATIONAL SAFETY AND HEALTH ACT (Continued)

## Employers

You must provide your employees with a safe and healthful work environment free from any known hazards that can cause death, injury or illness and comply with all applicable MNOSHA standards. You also have the following rights and responsibilities.

- You must **post a copy of this poster** and other MNOSHA documents where other notices to employees are posted.
- You must **report to MNOSHA within eight hours** all accidents resulting in the death of an employee.
- You must **report to MNOSHA within 24 hours** all accidents resulting in any amputation, eye loss or inpatient hospitalization of any employee.
- You must allow MNOSHA investigators to conduct inspections, interview employees and review records.
- You must provide all necessary personal protective equipment and training at your expense.
- You have the right to participate in the development of standards by MNOSHA.

## Free safety and health assistance

Free assistance to identify and correct hazards is available to employers, without citation or penalty, through MNOSHA Workplace Safety Consultation at (651) 284-5060, 1-800-657-3776 or [osha.consultation@state.mn.us](mailto:osha.consultation@state.mn.us).

Contact MNOSHA for a copy of the Act, for specific safety and health standards or to file a complaint about workplace hazards.

Employers, employees and members of the general public who wish to file a complaint regarding the MNOSHA program may write to the federal OSHA Region 5 office at: U.S. Department of Labor, Occupational Safety and Health Administration, Chicago Regional Office, 230 S. Dearborn Street, Room 3244, Chicago, IL 60604.



(651) 284-5050 • 1-877-470-6742 • [osha.compliance@state.mn.us](mailto:osha.compliance@state.mn.us) • [www.dli.mn.gov](http://www.dli.mn.gov)

Posting required by law in a location where employees can easily see this notice.

August 2017

# FEDERAL MINIMUM WAGE

## EMPLOYEE RIGHTS UNDER THE FAIR LABOR STANDARDS ACT

# FEDERAL MINIMUM WAGE \$7.25

PER HOUR  
BEGINNING  
JULY 24, 2009

The law requires employers to display this poster where employees can readily see it.

**OVERTIME PAY** At least 1 ½ times your regular rate of pay for all hours worked over 40 in a workweek.

**CHILD LABOR** An employee must be at least 16 years old to work in most non-farm jobs and at least 18 to work in non-farm jobs declared hazardous by the Secretary of Labor. Youths 14 and 15 years old may work outside school hours in various non-manufacturing, non-mining, non-hazardous jobs with certain work hours restrictions. Different rules apply in agricultural employment.

**TIP CREDIT** Employers of “tipped employees” who meet certain conditions may claim a partial wage credit based on tips received by their employees. Employers must pay tipped employees a cash wage of at least \$2.13 per hour if they claim a tip credit against their minimum wage obligation. If an employee’s tips combined with the employer’s cash wage of at least \$2.13 per hour do not equal the minimum hourly wage, the employer must make up the difference.

**NURSING MOTHERS** The FLSA requires employers to provide reasonable break time for a nursing mother employee who is subject to the FLSA’s overtime requirements in order for the employee to express breast milk for her nursing child for one year after the child’s birth each time such employee has a need to express breast milk. Employers are also required to provide a place, other than a bathroom, that is shielded from view and free from intrusion from coworkers and the public, which may be used by the employee to express breast milk.

**ENFORCEMENT** The Department has authority to recover back wages and an equal amount in liquidated damages in instances of minimum wage, overtime, and other violations. The Department may litigate and/or recommend criminal prosecution. Employers may be assessed civil money penalties for each willful or repeated violation of the minimum wage or overtime pay provisions of the law. Civil money penalties may also be assessed for violations of the FLSA’s child labor provisions. Heightened civil money penalties may be assessed for each child labor violation that results in the death or serious injury of any minor employee, and such assessments may be doubled when the violations are determined to be willful or repeated. The law also prohibits retaliating against or discharging workers who file a complaint or participate in any proceeding under the FLSA.

### ADDITIONAL INFORMATION

- Certain occupations and establishments are exempt from the minimum wage, and/or overtime pay provisions.
- Special provisions apply to workers in American Samoa, the Commonwealth of the Northern Mariana Islands, and the Commonwealth of Puerto Rico.
- Some state laws provide greater employee protections; employers must comply with both.
- Some employers incorrectly classify workers as “independent contractors” when they are actually employees under the FLSA. It is important to know the difference between the two because employees (unless exempt) are entitled to the FLSA’s minimum wage and overtime pay protections and correctly classified independent contractors are not.
- Certain full-time students, student learners, apprentices, and workers with disabilities may be paid less than the minimum wage under special certificates issued by the Department of Labor.



**WAGE AND HOUR DIVISION**  
UNITED STATES DEPARTMENT OF LABOR  
1-866-487-9243 TTY: 1-877-889-5627  
[www.dol.gov/whd](http://www.dol.gov/whd)



WH1088 REV 07/16

PRINT

# EEOC - Know Your Rights: Workplace Discrimination is Illegal



## Know Your Rights: Workplace Discrimination is Illegal

The U.S. Equal Employment Opportunity Commission (EEOC) enforces Federal laws that protect you from discrimination in employment. If you believe you've been discriminated against at work or in applying for a job, the EEOC may be able to help.

### Who is Protected?

- Employees (current and former), including managers and temporary employees
- Job applicants
- Union members and applicants for membership in a union

### What Organizations are Covered?

- Most private employers
- State and local governments (as employers)
- Educational institutions (as employers)
- Unions
- Staffing agencies

### What Types of Employment Discrimination are Illegal?

Under the EEOC's laws, an employer may not discriminate against you, regardless of your immigration status, on the bases of:

- Race
- Color
- Religion
- National origin
- Sex (including pregnancy and related conditions, sexual orientation, or gender identity)
- Age (40 and older)
- Disability

- Genetic information (including employer requests for, or purchase, use, or disclosure of genetic tests, genetic services, or family medical history)
- Retaliation for filing a charge, reasonably opposing discrimination, or participating in a discrimination lawsuit, investigation, or proceeding.

### What Employment Practices can be Challenged as Discriminatory?

All aspects of employment, including:

- Discharge, firing, or lay-off
- Harassment (including unwelcome verbal or physical conduct)
- Hiring or promotion
- Assignment
- Pay (unequal wages or compensation)
- Failure to provide reasonable accommodation for a disability or a sincerely held religious belief, observance or practice
- Benefits
- Job training
- Classification
- Referral
- Obtaining or disclosing genetic information of employees
- Requesting or disclosing medical information of employees

- Conduct that might reasonably discourage someone from opposing discrimination, filing a charge, or participating in an investigation or proceeding.

### What can You Do if You Believe Discrimination has Occurred?

Contact the EEOC promptly if you suspect discrimination. Do not delay, because there are strict time limits for filing a charge of discrimination (180 or 300 days, depending on where you live/work). You can reach the EEOC in any of the following ways:

**Submit** an inquiry through the EEOC's public portal: <https://publicportal.eeoc.gov/Portal/Login.aspx>

**Call** 1-800-669-4000 (toll free)  
1-800-669-6820 (T TY)  
1-844-234-5122 (ASL video phone)

**Visit** an EEOC field office (information at [www.eeoc.gov/field-office](http://www.eeoc.gov/field-office))

**E-Mail** [info@eeoc.gov](mailto:info@eeoc.gov)

Additional information about the EEOC, including information about filing a charge of discrimination, is available at [www.eeoc.gov](http://www.eeoc.gov).



## EMPLOYERS HOLDING FEDERAL CONTRACTS OR SUBCONTRACTS

The Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) enforces the nondiscrimination and affirmative action commitments of companies doing business with the Federal Government. If you are applying for a job with, or are an employee of, a company with a Federal contract or subcontract, you are protected under Federal law from discrimination on the following bases:

**Race, Color, Religion, Sex, Sexual Orientation, Gender Identity, National Origin** Executive Order 11246, as amended, prohibits employment discrimination by Federal contractors based on race, color, religion, sex, sexual orientation, gender identity, or national origin, and requires affirmative action to ensure equality of opportunity in all aspects of employment.

**Asking About, Disclosing, or Discussing Pay** Executive Order 11246, as amended, protects applicants and employees of Federal contractors from discrimination based on inquiring about, disclosing, or discussing their compensation or the compensation of other applicants or employees.

**Disability** Section 503 of the Rehabilitation Act of 1973, as amended, protects qualified individuals with disabilities from discrimination in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment by Federal contractors. Disability discrimination includes not making reasonable accommodation to the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee, barring undue hardship to the employer. Section 503 also requires that Federal contractors take affirmative action to employ and advance in employment qualified individuals with disabilities at all levels of

employment, including the executive level.

**Protected Veteran Status** The Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, 38 U.S.C. 4212, prohibits employment discrimination against, and requires affirmative action to recruit, employ, and advance in employment, disabled veterans, recently separated veterans (i.e., within three years of discharge or release from active duty), active duty wartime or campaign badge veterans, or Armed Forces service medal veterans.

**Retaliation** Retaliation is prohibited against a person who files a complaint of discrimination, participates in an OFCCP proceeding, or otherwise opposes discrimination by Federal contractors under these Federal laws. Any person who believes a contractor has violated its nondiscrimination or affirmative action obligations under OFCCP's authorities should contact immediately:

The Office of Federal Contract Compliance Programs (OFCCP)

U.S. Department of Labor

200 Constitution Avenue, N.W.

Washington, D.C. 20210

1-800-397-6251 (toll-free)

If you are deaf, hard of hearing, or have a speech disability, please dial 7-1-1 to access telecommunications relay services. OFCCP may also be contacted by submitting a question online to OFCCP's Help Desk at

<https://ofccphelpdesk.dol.gov/s/>, or by calling an OFCCP regional or district office, listed in most telephone directories under U.S. Government, Department of Labor and on OFCCP's "Contact Us" webpage at

<https://www.dol.gov/agencies/ofccp/contact>.

## PROGRAMS OR ACTIVITIES RECEIVING FEDERAL FINANCIAL ASSISTANCE

**Race, Color, National Origin, Sex** In addition to the protections of Title VII of the Civil Rights Act of 1964, as amended, Title VI of the Civil Rights Act of 1964, as amended, prohibits discrimination on the basis of race, color or national origin in programs or activities receiving Federal financial assistance. Employment discrimination is covered by Title VI if the primary objective of the financial assistance is provision of employment, or where employment discrimination causes or may cause discrimination in providing services under such programs. Title IX of the Education Amendments of 1972 prohibits employment discrimination on the basis of sex in educational programs or

activities which receive Federal financial assistance.

**Individuals with Disabilities** Section 504 of the Rehabilitation Act of 1973, as amended, prohibits employment discrimination on the basis of disability in any program or activity which receives Federal financial assistance. Discrimination is prohibited in all aspects of employment against persons with disabilities who, with or without reasonable accommodation, can perform the essential functions of the job. If you believe you have been discriminated against in a program of any institution which receives Federal financial assistance, you should immediately contact the Federal agency providing such assistance.

(Revised 10/20/2022)

PRINT

# FMLA | FAMILY AND MEDICAL LEAVE ACT

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

**LEAVE ENTITLEMENTS** Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within 1 year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered servicemember's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness. An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule. Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

**BENEFITS & PROTECTIONS** While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave. Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions. An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

**ELIGIBILITY REQUIREMENTS** An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

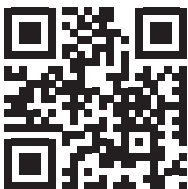
- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;\* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

\*Special "hours of service" requirements apply to airline flight crew employees.

**REQUESTING LEAVE** Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures. Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified. Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

**EMPLOYER RESPONSIBILITIES** Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility. Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

**ENFORCEMENT** Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer. The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.



For additional information or to file a complaint:

**1-866-4-USWAGE**

(1-866-487-9243) TTY: 1-877-889-5627

**WWW.WAGEHOUR.DOL.GOV**

U.S. Department of Labor | Wage and Hour Division



WH1420a REV 04/16

**PRINT**

# USERRA - UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT



## YOUR RIGHTS UNDER USERRA

### THE UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT

USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.

#### REEMPLOYMENT RIGHTS

You have the right to be reemployed in your civilian job if you leave that job to perform service in the uniformed service and:

- you ensure that your employer receives advance written or verbal notice of your service;
- you have five years or less of cumulative service in the uniformed services while with that particular employer;
- you return to work or apply for reemployment in a timely manner after conclusion of service; and
- you have not been separated from service with a disqualifying discharge or under other than honorable conditions.

If you are eligible to be reemployed, you must be restored to the job and benefits you would have attained if you had not been absent due to military service or, in some cases, a comparable job.

#### RIGHT TO BE FREE FROM DISCRIMINATION AND RETALIATION

If you:

- are a past or present member of the uniformed service;
- have applied for membership in the uniformed service; or
- are obligated to serve in the uniformed service;

then an employer may not deny you:

- initial employment;
- reemployment;
- retention in employment;
- promotion; or
- any benefit of employment

because of this status.

In addition, an employer may not retaliate against anyone assisting in the enforcement of USERRA rights, including testifying or making a statement in connection with a proceeding under USERRA, even if that person has no service connection.

#### HEALTH INSURANCE PROTECTION

- If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military.
- Even if you don't elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.

#### ENFORCEMENT

- The U.S. Department of Labor, Veterans Employment and Training Service (VETS) is authorized to investigate and resolve complaints of USERRA violations.
- For assistance in filing a complaint, or for any other information on USERRA, contact VETS at **1-866-4-USA-DOL** or visit its website at <https://www.dol.gov/agencies/vets/>. An interactive online USERRA Advisor can be viewed at <https://webapps.dol.gov/elaws/vets/userra>
- If you file a complaint with VETS and VETS is unable to resolve it, you may request that your case be referred to the Department of Justice or the Office of Special Counsel, as applicable, for representation.
- You may also bypass the VETS process and bring a civil action against an employer for violations of USERRA.

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



U.S. Department of Labor  
1-866-487-2365



U.S. Department of Justice



Office of Special Counsel



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

# EMPLOYEE POLYGRAPH PROTECTION ACT

## EMPLOYEE RIGHTS EMPLOYEE POLYGRAPH PROTECTION ACT

**The Employee Polygraph Protection Act prohibits most private employers from using lie detector tests either for pre-employment screening or during the course of employment.**

**PROHIBITIONS** Employers are generally prohibited from requiring or requesting any employee or job applicant to take a lie detector test, and from discharging, disciplining, or discriminating against an employee or prospective employee for refusing to take a test or for exercising other rights under the Act.

**EXEMPTIONS** Federal, State and local governments are not affected by the law. Also, the law does not apply to tests given by the Federal Government to certain private individuals engaged in national security-related activities. The Act permits polygraph (a kind of lie detector) tests to be administered in the private sector, subject to restrictions, to certain prospective employees of security service firms (armored car, alarm, and guard), and of pharmaceutical manufacturers, distributors and dispensers. The Act also permits polygraph testing, subject to restrictions, of certain employees of private firms who are reasonably suspected of involvement in a workplace incident (theft, embezzlement, etc.) that resulted in economic loss to the employer. The law does not preempt any provision of any State or local law or any collective bargaining agreement which is more restrictive with respect to lie detector tests.

**EXAMINEE RIGHTS** Where polygraph tests are permitted, they are subject to numerous strict standards concerning the conduct and length of the test. Examinees have a number of specific rights, including the right to a written notice before testing, the right to refuse or discontinue a test, and the right not to have test results disclosed to unauthorized persons.

**ENFORCEMENT** The Secretary of Labor may bring court actions to restrain violations and assess civil penalties against violators. Employees or job applicants may also bring their own court actions.

**THE LAW REQUIRES EMPLOYERS TO DISPLAY THIS POSTER WHERE EMPLOYEES AND JOB APPLICANTS CAN READILY SEE IT.**



**WAGE AND HOUR DIVISION**  
UNITED STATES DEPARTMENT OF LABOR

**1-866-487-9243**  
TTY: 1-877-889-5627  
[www.dol.gov/whd](http://www.dol.gov/whd)



WH1462 REV 07/16

## 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.

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For information, please contact  
The Office of Special Counsel for Immigration  
Related Unfair Employment Practices Office at  
800-255-7688.

**PRINT**



# WITHHOLDING STATUS

## Since you last filed form W-4 with your employer did you...

- Marry or divorce?
- Gain or lose a dependent?
- Change your name?

## Were there major changes to...

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

## If you can answer "YES"...

To any of these questions or you owed extra tax when you filed your last return, you may need to file a new form W-4. See your employer for a copy of Form W-4 or call the IRS at 1-800-829-3676.

Now is the time to check your withholding. For more details, get Publication 919, *How Do I Adjust My Tax Withholding?*, or use the Withholding Calculator at: **[www.irs.gov/individuals](http://www.irs.gov/individuals)** on the IRS website.

Employer: Please post or publish this Bulletin Board Poster so that your employees will see it. Please indicate where they can get forms and information on this subject.



Department of the Treasury  
**Internal Revenue Service**

**[www.irs.gov](http://www.irs.gov)**

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**PRINT**

# PAYDAY NOTICE

## Regular Paydays for Employees of

---

(Company Name)

**Shall be as follows:**

**Weekly**

**Bi-Weekly**

**Monthly**

**Other** \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

**PRINT**

# ACKNOWLEDGEMENT

I certify that I have received and read the contents of the Labor Laws.

Employee Name: \_\_\_\_\_

Date Received: \_\_\_\_\_

Signature of Recipient: \_\_\_\_\_

Comments:

**SUBMIT ACKNOWLEDGEMENT**

**PRINT**