

## **Unemployment Insurance Poster**

Due to your state regulations, only your insurance carrier can provide this poster.



# 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 <http://www.dol.gov/vets>**. An interactive online USERRA Advisor can be viewed at **<http://www.dol.gov/elaws/userra.htm>**.
- ☆ 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.

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: <http://www.dol.gov/vets/programs/userra/poster.htm>. 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**

**1-800-336-4590**

Publication Date—October 2008

# “EEO is the Law” Poster Supplement

## Private Employers, State and Local Governments, Educational Institutions, Employment Agencies and Labor Organizations revisions

*The Disability section is revised as follows:*

### **DISABILITY**

Title I and Title V of the Americans with Disabilities Act of 1990, as amended, protect qualified individuals from discrimination on the basis of disability in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. 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.

*The following section is added:*

### **GENETICS**

Title II of the Genetic Information Nondiscrimination Act of 2008 protects applicants and employees from discrimination based on genetic information in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. GINA also restricts employers' acquisition of genetic information and strictly limits disclosure of genetic information. Genetic information includes information about genetic tests of applicants, employees, or their family members; the manifestation of diseases or disorders in family members (family medical history); and requests for or receipt of genetic services by applicants, employees, or their family members.

*The EEOC contact information is revised as follows:*

The U.S. Equal Employment Opportunity Commission (EEOC), 1-800-669-4000 (toll-free) or 1-800-669-6820 (toll-free TTY number for individuals with hearing impairments). EEOC field office information is available at [www.eeoc.gov](http://www.eeoc.gov) or in most telephone directories in the U.S. Government or Federal Government section. Additional information about EEOC, including information about charge filing, is available at [www.eeoc.gov](http://www.eeoc.gov).

## Employers Holding Federal Contracts or Subcontracts section revisions

*The Individuals with Disabilities section is revised as follows:*

### **INDIVIDUALS WITH DISABILITIES**

Section 503 of the Rehabilitation Act of 1973, as amended, protects qualified individuals from discrimination on the basis of disability in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. 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. 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.

*The Vietnam Era, Special Disabled Veterans section is revised as follows:*

### **DISABLED, RECENTLY SEPARATED, OTHER PROTECTED, AND ARMED FORCES SERVICE MEDAL VETERANS**

The Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, 38 U.S.C. 4212, prohibits job discrimination and requires affirmative action to employ and advance in employment disabled veterans, recently separated veterans (within three years of discharge or release from active duty), other protected veterans (veterans who served during a war or in a campaign or expedition for which a campaign badge has been authorized), and Armed Forces service medal veterans (veterans who, while on active duty, participated in a U.S. military operation for which an Armed Forces service medal was awarded).

*The following section is added:*

### **RETALIATION**

Retaliation is prohibited against a person who files a complaint of discrimination, participates in an OFCCP proceeding, or otherwise opposes discrimination under these Federal laws.

*The OFCCP contact information is revised as follows:*

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) or (202) 693-1337 (TTY). OFCCP may also be contacted by e-mail at [OFCCP-Public@dol.gov](mailto:OFCCP-Public@dol.gov), or by calling an OFCCP regional or district office, listed in most telephone directories under U.S. Government, Department of Labor.

# Equal Employment Opportunity is **THE LAW**

## **Private Employers, State and Local Governments, Educational Institutions, Employment Agencies and Labor Organizations**

Applicants to and employees of most private employers, state and local governments, educational institutions, employment agencies and labor organizations are protected under Federal law from discrimination on the following bases:

### **RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN**

Title VII of the Civil Rights Act of 1964, as amended, protects applicants and employees from discrimination in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment, on the basis of race, color, religion, sex (including pregnancy), or national origin. Religious discrimination includes failing to reasonably accommodate an employee's religious practices where the accommodation does not impose undue hardship.

### **DISABILITY**

Title I and Title V of the Americans with Disabilities Act of 1990, as amended, protect qualified individuals from discrimination on the basis of disability in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. 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.

### **AGE**

The Age Discrimination in Employment Act of 1967, as amended, protects applicants and employees 40 years of age or older from discrimination based on age in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment.

### **SEX (WAGES)**

In addition to sex discrimination prohibited by Title VII of the Civil Rights Act, as amended, the Equal Pay Act of 1963, as amended, prohibits sex discrimination in the payment of wages to women and men performing substantially equal work, in jobs that require equal skill, effort, and responsibility, under similar working conditions, in the same establishment.

### **GENETICS**

Title II of the Genetic Information Nondiscrimination Act of 2008 protects applicants and employees from discrimination based on genetic information in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. GINA also restricts employers' acquisition of genetic information and strictly limits disclosure of genetic information. Genetic information includes information about genetic tests of applicants, employees, or their family members; the manifestation of diseases or disorders in family members (family medical history); and requests for or receipt of genetic services by applicants, employees, or their family members.

### **RETALIATION**

All of these Federal laws prohibit covered entities from retaliating against a person who files a charge of discrimination, participates in a discrimination proceeding, or otherwise opposes an unlawful employment practice.

### **WHAT TO DO IF YOU BELIEVE DISCRIMINATION HAS OCCURRED**

There are strict time limits for filing charges of employment discrimination. To preserve the ability of EEOC to act on your behalf and to protect your right to file a private lawsuit, should you ultimately need to, you should contact EEOC promptly when discrimination is suspected:

The U.S. Equal Employment Opportunity Commission (EEOC), 1-800-669-4000 (toll-free) or 1-800-669-6820 (toll-free TTY number for individuals with hearing impairments). EEOC field office information is available at [www.eeoc.gov](http://www.eeoc.gov) or in most telephone directories in the U.S. Government or Federal Government section. Additional information about EEOC, including information about charge filing, is available at [www.eeoc.gov](http://www.eeoc.gov).

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## Employers Holding Federal Contracts or Subcontracts

Applicants to and employees of companies with a Federal government contract or subcontract are protected under Federal law from discrimination on the following bases:

### **RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN**

Executive Order 11246, as amended, prohibits job discrimination on the basis of race, color, religion, sex or national origin, and requires affirmative action to ensure equality of opportunity in all aspects of employment.

### **INDIVIDUALS WITH DISABILITIES**

Section 503 of the Rehabilitation Act of 1973, as amended, protects qualified individuals from discrimination on the basis of disability in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. 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. 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.

### **DISABLED, RECENTLY SEPARATED, OTHER PROTECTED, AND ARMED FORCES SERVICE MEDAL VETERANS**

The Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, 38 U.S.C. 4212, prohibits job discrimination and requires affirmative action to employ and advance in employment disabled veterans, recently separated veterans (within

three years of discharge or release from active duty), other protected veterans (veterans who served during a war or in a campaign or expedition for which a campaign badge has been authorized), and Armed Forces service medal veterans (veterans who, while on active duty, participated in a U.S. military operation for which an Armed Forces service medal was awarded).

### **RETALIATION**

Retaliation is prohibited against a person who files a complaint of discrimination, participates in an OFCCP proceeding, or otherwise opposes discrimination under these Federal laws.

Any person who believes a contractor has violated its nondiscrimination or affirmative action obligations under the authorities above 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) or (202) 693-1337 (TTY). OFCCP may also be contacted by e-mail at [OFCCP-Public@dol.gov](mailto:OFCCP-Public@dol.gov), or by calling an OFCCP regional or district office, listed in most telephone directories under U.S. Government, Department of Labor.

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## 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.

# EMPLOYEE RIGHTS

## FOR WORKERS WITH DISABILITIES PAID AT SPECIAL MINIMUM WAGES

### THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

*This establishment has a certificate authorizing the payment of special minimum wages to workers who are disabled for the work they are performing. Authority to pay special minimum wages to workers with disabilities applies to work covered by the **Fair Labor Standards Act (FLSA)**, **McNamara-O'Hara Service Contract Act (SCA)**, and/or **Walsh-Healey Public Contracts Act (PCA)**. Such special minimum wages are referred to as "**commensurate wage rates**" and are less than the basic hourly rates stated in an SCA wage determination and less than the FLSA minimum wage of **\$7.25 per hour beginning July 24, 2009**. A "commensurate wage rate" is based on the worker's individual productivity, no matter how limited, in proportion to the wage and productivity of experienced workers who do not have disabilities that impact their productivity when performing essentially the same type, quality, and quantity of work in the geographic area from which the labor force of the community is drawn.*

#### WORKERS WITH DISABILITIES

For purposes of payment of commensurate wage rates under a certificate, a worker with a disability is defined as:

- An individual whose earnings or productive capacity is impaired by a physical or mental disability, including those related to age or injury, for the work to be performed.
- Disabilities which may affect productive capacity include blindness, mental illness, mental retardation, cerebral palsy, alcoholism, and drug addiction. The following do not ordinarily affect productive capacity for purposes of paying commensurate wage rates: educational disabilities; chronic unemployment; receipt of welfare benefits; nonattendance at school; juvenile delinquency; and correctional parole or probation.

#### KEY ELEMENTS OF COMMENSURATE WAGE RATES

- **Nondisabled worker standard**—The objective gauge (usually a time study of the production of workers who do not have disabilities that impair their productivity for the job) against which the productivity of a worker with a disability is measured.
- **Prevailing wage rate**—The wage paid to experienced workers who do not have disabilities that impair their productivity for the same or similar work and who are performing such work in the area. Most SCA contracts include a wage determination specifying the prevailing wage rates to be paid for SCA-covered work.
- **Evaluation of the productivity of the worker with a disability**—Documented measurement of the production of the worker with a disability (in terms of quantity and quality).

The wages of all workers paid commensurate wages must be reviewed, and adjusted if appropriate, at periodic intervals. At a minimum, the productivity of hourly-paid workers must be reevaluated at least every six months and a new prevailing wage survey must be conducted at least once every twelve months. In addition, prevailing wages must be reviewed, and adjusted as appropriate, whenever the applicable state or federal minimum wage is increased.

#### OVERTIME

Generally, if you are performing work subject to the FLSA, SCA, and/or PCA, you must be paid at least 1½ times your regular rate of pay for all hours worked over 40 in a workweek.

#### CHILD LABOR

Minors younger than **18 years of age** must be employed in accordance with the child labor provisions of FLSA. No persons under 16 may be employed in manufacturing or on a PCA contract.

#### FRINGE BENEFITS

Neither the FLSA nor the PCA have provisions requiring vacation, holiday, or sick pay nor other fringe benefits such as health insurance or pension plans. SCA wage determinations may require such fringe benefit payments (or a cash equivalent). **Workers paid under a certificate authorizing commensurate wage rates must receive the full fringe benefits listed on the wage determination.**

#### WORKER NOTIFICATION

Each worker with a disability and, where appropriate, the parent or guardian of such worker, shall be informed orally and in writing by the employer of the terms of the certificate under which such worker is employed.

#### PETITION PROCESS

Workers with disabilities paid at special minimum wages may petition the Administrator of the Wage and Hour Division of the Department of Labor for a review of their wage rates by an Administrative Law Judge. No particular form of petition is required, except that it must be signed by the worker with a disability or his or her parent or guardian and should contain the name and address of the employer. Petitions should be mailed to: Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

*Employers shall display this poster where employees and the parents and guardians of workers with disabilities can readily see it.*



For additional information:

**1-866-4-USWAGE**

(1-866-487-9243)

TTY: 1-877-889-5627



**WWW.WAGEHOUR.DOL.GOV**

# ATTENTION EMPLOYEES

The Texas Payday Law, Title 2, Chapter 61, Texas Labor Code, requires Texas employers to pay their employees who are exempt from the overtime pay provisions of the Fair Labor Standards Act of 1938 at least once per month. All other employees must be paid at least as often as semi-monthly and each pay period must consist as nearly as possible of an equal number of days.

Scheduled paydays: (You must indicate date or dates of the month for employees paid monthly or semi-monthly, and day of the week for employees paid weekly or at other times.)

MONTHLY \_\_\_\_\_  
SEMI-MONTHLY \_\_\_\_\_  
WEEKLY \_\_\_\_\_  
OTHER \_\_\_\_\_

For more information write or contact the Texas Workforce Commission in Austin or contact your nearest TWC office. TWC offices are located in major cities throughout the state.

**TEXAS WORKFORCE COMMISSION**  
**Labor Law Section**  
**101 East 15th Street, Room 124T**  
**Austin, Texas 78778-0001**  
**1-800-832-9243**  
**TDD 1-800-735-2989 (Hearing Impaired)**

***TO EMPLOYERS:** The law requires that this notice or its equivalent be posted in conspicuous places at your business.*



**EQUAL EMPLOYMENT OPPORTUNITY IS ...  
OPORTUNIDAD IGUAL DE EMPLEO ES ...**

***The  
LAW  
in  
TEXAS***

***La  
LEY  
en  
TEXAS***

The LAW prohibits employers, employment agencies and labor unions from denying equal employment opportunities in

**hiring  
promotion  
discharge  
pay  
fringe benefits  
membership  
training  
other aspects of employment**

because of race, color, national origin, religion, sex, age, or disability.

La LEY prohíbe a los patrones, agencias de empleo y uniones sindicales negar oportunidad igual de empleo en

**ocupar  
ascensos  
desocupar  
pago  
beneficios  
membrecia  
entrenamiento  
otros aspectos del empleo**

por causa de raza, color, nacionalidad, religion, sexo, edad, o incapacidad.

If you believe you have been discriminated against, call or write the Texas Workforce Commission, Civil Rights Division located in Austin, TX at 1117 Trinity Street, Room 144-T

Or mail to: 101 East 15<sup>th</sup> Street, Rm. 144-T; Austin, TX 78778-0001

<http://www.twc.state.tx.us>

(512) 463-2642

Toll Free (within Texas) 1-888-452-4778

TTY (512) 371-7473

No Appointment Necessary!

Si usted cree que ha habido discriminación en su contra, llame o escriba a Texas Workforce Commission, Civil Rights Division;

(512) 463-2642 or TTY (512) 371-7473

# NOTICE TO EMPLOYEES CONCERNING WORKERS' COMPENSATION IN TEXAS

**COVERAGE:** [Name of employer] \_\_\_\_\_ has workers' compensation insurance coverage from [name of commercial insurance company] \_\_\_\_\_. In the event of work-related injury or occupational disease. This coverage is effective from [effective date of workers' compensation insurance policy] \_\_\_\_\_. Any injuries or occupational diseases which occur on or after that date will be handled by [name of commercial insurance company] \_\_\_\_\_. An employee or a person acting on the employee's behalf, must notify the employer of an injury or occupational disease not later than the 30th day after the date on which the injury occurs or the date the employee knew or should have known of an occupational disease, unless the Texas Department of Insurance, Division of Workers' Compensation (Division) determines that good cause existed for failure to provide timely notice. Your employer is required to provide you with coverage information, in writing, when you are hired or whenever the employer becomes, or ceases to be, covered by workers' compensation insurance.

**EMPLOYEE ASSISTANCE:** The Division provides free information about how to file a workers' compensation claim. Division staff will answer any questions you may have about workers' compensation and process any requests for dispute resolution of a claim. You can obtain this assistance by contacting your local Division field office or by calling 1-800-252-7031. The Office of Injured Employee Counsel (OIEC) also provides free assistance to injured employees and will explain your rights and responsibilities under the Workers' Compensation Act. You can obtain OIEC's assistance by contacting an OIEC customer service representative in your local Division field office or by calling 1-866-EZE-OIEC (1-866-393-6432).

**SAFETY VIOLATIONS HOTLINE:** The Division has a 24 hour toll-free telephone number for reporting unsafe conditions in the workplace that may violate occupational health and safety laws. Employers are prohibited by law from suspending, terminating, or discriminating against any employee because he or she in good faith reports an alleged occupational health or safety violation. Contact the Division at 1-800-452-9595.

## **COVERED EMPLOYER**

Texas Workers' Compensation Rule 110.101(e)(1) requires employers who are covered by workers' compensation through a commercial insurance company to advise their employees that they do have workers' compensation insurance coverage and to advise their employees of the Texas Department of Insurance, Division of Workers' Compensation's toll free number to obtain additional information about their workers' compensation rights.

Notices in English, Spanish and any other language common to the employer's employee population must be posted and:

1. Prominently displayed in the employer's personnel office, if any;
2. Located about the workplace in such a way that each employee is likely to see the notice on a regular basis;
3. Printed with a title in at least 26 point bold type, subject in at least 18 point bold type, and text in at least 16 point normal type; and
4. Contain the exact words as prescribed in Rule 110.101(e)(1).

The notice on the reverse side meets the above requirements. Failure to post or to provide notice as required in the rule is a violation of the Act and Division rules. The violator may be subject to administrative penalties.

**Do Not Post This Side**

# AVISO A LOS EMPLEADOS SOBRE LA COMPENSACIÓN PARA TRABAJADORES EN TEXAS

**COBERTURA:** [Name of the employer] \_\_\_\_\_

\_\_\_\_\_ tiene cobertura de seguros de compensación para trabajadores con [name of the commercial insurance company] \_\_\_\_\_ para protegerle en caso de una lesión o enfermedad ocupacional relacionada con el trabajo. Esta cobertura está vigente desde [effective date of workers' compensation insurance policy] \_\_\_\_\_. Cualquier lesión o enfermedad ocupacional que ocurra en o después de esta fecha será manejada por [name of commercial insurance company]\_\_\_\_\_. Un empleado o una persona que actúe en nombre del empleado, debe notificar al empleador sobre una lesión o una enfermedad ocupacional a no más tardar de treinta (30) días, a partir de la fecha en que ocurrió la lesión o en la fecha en la que el empleado se enteró o debería de haberse enterado de la enfermedad ocupacional, al menos que el Departamento de Seguros de Texas, División de Compensación para Trabajadores (Texas Department of Insurance, Division of Workers' Compensation – TDI-DWC, por su nombre y siglas en inglés) (División) determine que existió una buena causa para que no se haya notificado al empleador dentro del tiempo señalado. Su empleador tiene la obligación de proporcionarle a usted información por escrito sobre la cobertura cuando usted es contratado o cuando su empleador adquiere o deja de tener una cobertura de seguro de compensación para trabajadores.

**ASISTENCIA AL EMPLEADO:** La División proporciona información gratuita sobre cómo presentar una reclamación de compensación para trabajadores. El personal de la División contestará cualquier pregunta que usted pueda tener sobre la compensación para trabajadores y procesará cualquier solicitud de resolución de disputas relacionada con una reclamación. Usted puede obtener este tipo de asistencia comunicándose con su oficina local de la División o llamando al teléfono 1-800-252-7031. La Oficina de Asesoría Pública para el Empleado Lesionado (Office of Injured Employee Counsel – OIEC, por su nombre y siglas en inglés) también ofrece asistencia gratuita a los empleados lesionados y ellos le explicarán cuáles son sus derechos y responsabilidades bajo la Ley de Compensación para Trabajadores. Usted puede obtener la asistencia de OIEC comunicándose con un representante de servicio al cliente de OIEC en su oficina local de la División o llamando al 1-866-EZE-OIEC (1-866-393-6432).

## LÍNEA DIRECTA PARA REPORTAR VIOLACIONES DE

**SEGURIDAD:** La División cuenta con una línea gratuita telefónica que está en servicio las 24 horas del día para reportar condiciones inseguras en el área de trabajo que podrían violar las leyes ocupacionales de salud y seguridad. La ley prohíbe que los empleadores suspendan, despidan o discriminen en contra de cualquier empleado porque él o ella de buena fe reporta una alegada violación ocupacional de salud o seguridad. Comuníquese con la División al teléfono 1-800-452-9595.

## **EMPLEADOR CON COBERTURA**

El Reglamento 110.101 (e)(1) de Compensación para Trabajadores de Texas requiere que los empleadores que cuentan con una cobertura de compensación para trabajadores mediante una compañía de seguros comercial notifiquen a sus empleados que ellos cuentan con una cobertura de seguro de compensación para trabajadores e informen a sus empleados sobre el número de la línea telefónica gratuita del Departamento de Seguros de Texas, División de Compensación para Trabajadores para obtener información adicional sobre sus derechos de compensación para trabajadores.

Avisos en inglés, español y cualquier otro idioma común para la población de los trabajadores del empleador deben ser puestos a la vista y:

1. Mostrarse en un lugar prominente de la oficina de personal del empleador, si es que la hay;
2. Ubicar este aviso en el área de trabajo de tal manera que los empleados lo vean regularmente;
3. El título debe ser impreso en tamaño 26, en letra negrita de punto, el tema debe ser impreso en tamaño 18, en letra negrita de punto, y el texto, por lo menos en tamaño 16 en letra negrita de punto normal; y
4. Contener las palabras exactas según lo señalado en el Reglamento 110.101 (e)(1).

El aviso que se muestra al reverso de esta página cumple con los requisitos que se han señalado en la parte de arriba. El negarse a mostrar o proporcionar esta información, según lo requerido en el reglamento es una falta a la ley y a los reglamentos de la División. El infractor podría estar sujeto a sanciones administrativas.

**NO MOSTRAR ESTE LADO**



## Texas Department of Insurance

### Division of Workers' Compensation

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645  
512-804-4000 telephone • 512-804-4001 fax • [www.tdi.texas.gov](http://www.tdi.texas.gov)

## **YOU MAY USE YOUR OWN LETTERHEAD WITH THE FOLLOWING INFORMATION**

### ***Reference Rule 110.101***

- (a) In addition to the posted notice required by subsection (e) of this section, employers, as defined by Labor Code Section 406.001, shall notify their employees of workers' compensation insurance coverage status, in writing. This additional notice:
- (1) shall be provided at the time an employee is hired, meaning when the employee is required by federal law to complete both a W-4 form and an I-9 form or when a break in service has occurred and the employee is required by federal law to complete a W-4 form on the first day the employee reports back to duty;
  - (2) shall be provided to each employee, by an employer whose workers' compensation insurance coverage is terminated or cancelled, not later than the 15<sup>th</sup> day after the date on which the termination or cancellation of coverage takes effect;
  - (3) shall be provided to each employee, by an employer who obtains workers' compensation insurance coverage, not later than the 15<sup>th</sup> day after the date on which coverage takes effect, as necessary to allow the employee to elect to retain common law rights under Labor Code Chapter 406;
  - (4) shall include the text required in the posted notice (see rule 110.101 (e)(1), (e)(2), (e)(3), (e)(4) for appropriate language); and
  - (5) if the employer is covered by workers' compensation insurance (subscriber) or becomes covered, whether by commercial insurance or through self-insurance as provided by the Texas Workers' Compensation Act (Act), shall include the following statement:

### ***NOTICE TO NEW EMPLOYEES***

**“You may elect to retain your common law right of action if, no later than five days after you begin employment or within five days after receiving written notice from the employer that the employer has obtained workers' compensation insurance coverage, you notify your employer in writing that you wish to retain your common law right to recover damages for personal injury. If you elect to retain your common law right of action, you cannot obtain workers' compensation income or medical benefits if you are injured.”**



## Texas Department of Insurance

### Division of Workers' Compensation

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645  
512-804-4000 telephone • 512-804-4001 fax • www.tdi.texas.gov

## USTED PUEDE USAR SU PROPIO MEMBRETE CON LA SIGUIENTE INFORMACIÓN

### Reglamento de Referencia 110.101

- (a) Además del aviso que debe ponerse a la vista, el cual es requerido por la sub sección (e) de esta sección, los empleadores, según lo definido por la Sección del Código Laboral 406.001, deberán notificar por escrito a sus empleados sobre el estado de la cobertura de compensación para trabajadores. Además, este aviso:
- (1) deberá ser proporcionado al momento en que el empleado es contratado, es decir, cuando la ley federal requiere que el empleado complete el formulario W-4 y el formulario I-9, o cuando haya ocurrido una interrupción en el servicio y la ley federal requiere que el empleado complete el formulario W-4 en el primer día en que el empleado se reporta de regreso a sus deberes;
  - (2) deberá ser proporcionado a cada empleado, por un empleador cuya cobertura de seguro de compensación para trabajadores ha sido anulada o cancelada, a no más tardar del día 15, después de la fecha en la cual la anulación o cancelación entra en vigor;
  - (3) deberá ser proporcionado a cada empleado, por un empleador que obtiene una cobertura de seguro de compensación para trabajadores, a no más tardar del día 15, después de la fecha en la cual la cobertura entra en vigor, según lo necesario para permitir que el empleado opte por conservar su derecho común (common law right, por su nombre en inglés) bajo el Capítulo 406 del Código Laboral;
  - (4) deberá incluir el texto que es requerido en el aviso que debe ponerse a la vista (ver el reglamento 110.101 (e)(1), (e)(2), (e)(3), (e)(4) para obtener el lenguaje apropiado); y
  - (5) si el empleador está cubierto por un seguro de compensación para trabajadores (subscriber) u obtiene una cobertura, ya sea mediante un seguro comercial o se convierte en auto asegurado según lo proporcionado por la Ley de Compensación para Trabajadores de Texas (Ley), deberá incluir la siguiente declaración:

### **AVISO A LOS NUEVOS EMPLEADOS**

**“Usted puede optar por conservar su derecho común de acción de ley (common law right of action, por su nombre en inglés) si, a no más tardar de cinco días después que usted comienza su empleo o dentro de cinco días después de recibir aviso por escrito por parte del empleador donde se informa que el empleador ha obtenido una cobertura de seguro de compensación para trabajadores, usted le notifica a su empleador por escrito que desea conservar su derecho común de acción de ley para recuperarse de daños por lesiones personales. Si opta por conservar su derecho común de acción de ley, usted no puede obtener beneficios médicos o de ingresos de compensación para trabajadores si se ha lesionado.”**

**DWC FORM-001**  
**(Employer's First Report of Injury or Illness)**

The **employer** is required to file an **Employer's First Report of Injury or Illness** [DWC FORM-001 Rev. 10/05] with the injured worker's insurance carrier, and the injured claimant or the claimant's representative within 8 days after the employee's absence from work or receipt of notice of occupational disease.

The **Employer's First Report of Injury or Illness** provides information on the claimant, employer, insurance carrier and medical practitioner necessary to begin the claims process. Details of the claimant's employment and circumstances surrounding the injury or illness are also requested.

Send the specified copies to your **Workers' Compensation Insurance Carrier** and the injured employee. **\*Employers - Do not send this form to the Texas Department of Insurance, Division of Workers' Compensation, unless the Division specifically requests a direct filing.**

*[Workers' Compensation Rule 120.2]*

## INSTRUCTIONS FOR EMPLOYERS FIRST REPORT OF INJURY OR ILLNESS (DWC FORM-001)

Type (or print in black ink) each item on this form. Failure to complete each item may delay the processing of the injury claim.

Section 409.005, Texas Workers' Compensation Act, requires an Employer's First Report of Injury or Illness (DWC FORM-001 Rev. 10/05 to be filed with the Workers' Compensation Insurance Carrier not later than the eighth day after the receipt of notice of occupational disease, or the employee's first day of absence from work due to injury or death. A copy of this report must be sent to the employee or the employee's representative. For purposes of this section, a report is filed when personally delivered, or postmarked. Send the specified copies to your **Workers' Compensation Insurance Carrier** and the injured employee. **\*Employers - Do not send this form to the Texas Department of Insurance, Division of Workers' Compensation, unless the Division specifically requests a direct filing.**

If a report has not been received by the carrier, the employer has the burden of proving that the report was filed within the required time frame. The employer has the burden of proving that good cause existed if the employer failed to file the report on time.

An employer who fails to file the report without good cause may be assessed an administrative penalty. An employer who fails to file the report without good cause waives the right to reimbursement of voluntary benefits even if no administrative penalty is assessed.

Once the employer has completed all information pertaining to the injury the employer should maintain the copy of this report to serve as the Employer's Record of Injury required by Section 409.006. Send the specified copies to your **Workers' Compensation Insurance Carrier** and the injured employee. **\*Employers - Do not send this form to the Texas Department of Insurance, Division of Workers' Compensation, unless the Division specifically requests a direct filing.** The Division's Health and Safety will use data from this report for the Job Safety Information System established in Section 411.032 of the Texas Workers' Compensation Act.

This report may not be considered admission or evidence against the employer or the insurance carrier in any proceeding before the Division or a court in which facts set out in the report are contradicted by the employer or insurance carrier.

### "SPECIAL INSTRUCTIONS FOR CERTAIN ITEMS"

- Items 2,7,8: Section 402.082, Texas Workers' Compensation Act requires the Division to maintain information as to the race, ethnicity and sex on every compensable injury. This information will be maintained for non-discriminatory statistical use.
- Item 4: If no home phone, please provide a phone number where the employee can be reached.
- Items 5,15,17, 26,29,30: Enter data in month, day, year format. Example: 08-13-54.
- Item 18: List nature of accident or exposure, e.g., fall from scaffold, contact with radiation, etc. If occupational disease, so state.
- Item 19: List specific body part, e.g., chin, right leg, forehead, left upper arm, etc. If more than one body part is affected, list each part.
- Item 20: Describe in detail (1) the events leading up to the injury/illness, (2) the actual injury, e.g., cut left forearm, broken right foot, etc., and (3) the reason(s) why accident/injury occurred. Use an additional sheet of paper if necessary.
- Item 22: State the exact work-site location of the injury, e.g., construction site, office area, storage area, etc.
- Item 24: List object, substance, or exposure that directly inflicted the injury or illness, e.g., floor, hammer, chemicals, etc.
- Items 32,33: Enter date in month-year format. Example: 02-56.
- Item 37: Enter the number of days or hours that make up a full work week for your employees.
- Item 45: Enter the 6-digit North American Industry Classification System (NAICS) Code of the employer. The primary code is the code which appears in block 5 of Form C-3, "Employer's Quarterly Report" to the Texas Workforce Commission.
- Item 46: For companies with a single NAICS code, the specific code is the same as the primary code. For companies with multiple NAICS codes, enter the code that identifies the specific business, activity, or work-site location the employee was working in at the time of the injury. This may or may not be the same as the primary code.

Send the specified copies to your  
Workers' Compensation Insurance Carrier  
and the injured employee.

\*Employers - Do not send this form to the  
Texas Department of Insurance, Division of Workers' Compensation,  
Unless the Division specifically requests a direct filling.

CLAIM # _____
---------------

CARRIER'S CLAIM # _____
-------------------------

### EMPLOYERS FIRST REPORT OF INJURY OR ILLNESS

1. Name (Last, First, M.I.)		2. Sex F <input type="checkbox"/> M <input type="checkbox"/>	
3. Social Security Number - -	4. Home Phone ( )	5. Date of Birth (m-d-y) - -	
6. Does the Employee Speak English? If No, Specify Language YES <input type="checkbox"/> NO <input type="checkbox"/>			
7. Race White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/>		8. Ethnicity Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other <input type="checkbox"/>	
9. Mailing Address Street or P.O. Box			
City	State	Zip Code	County
10. Marital Status Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/>			
11. Number of Dependent Children		12. Spouse's Name	
13. Doctor's Name			
14. Doctor's Mailing Address (Street or P.O.Box)			
City	State	Zip Code	

15. Date of Injury (m-d-y) - -	16. Time of Injury : am <input type="checkbox"/> pm <input type="checkbox"/>	17. Date Lost Time Began (m-d-y) - -	
18. Nature of Injury*		19. Part of Body Injured or Exposed*	
20. How and Why Injury/Illness Occurred*			
21. Was employee doing his regular job? YES <input type="checkbox"/> NO <input type="checkbox"/>		22. Worksite Location of Injury (stairs, dock, etc.)*	
23. Address Where Injury or Exposure Occurred Name of business if incident occurred on a business site			
Street or P.O. Box		County	
City	State	Zip Code	
24. Cause of Injury(fall, tool, machine, etc.)*			
25. List Witnesses			
26. Return to work date/or expected (m-d-y) - -	27. Did employee die? YES <input type="checkbox"/> NO <input type="checkbox"/>	28. Supervisor's Name	29. Date Reported (m-d-y) - -

30. Date of Hire (m-d-y) - -	31. Was employee hired or recruited in Texas? YES <input type="checkbox"/> NO <input type="checkbox"/>	32. Length of Service in Current Position Months _____ Years _____	33. Length of Service in Occupation Months _____ Years _____
34. Employee Payroll Classification Code		35. Occupation of Injured Worker	
36. Rate of Pay at this Job \$ _____ Hourly \$ _____ Weekly	37. Full Work Week is: _____ Hours _____ Days	38. Last Paycheck was: \$ _____ for _____ Hours or _____ Days	39. Is employee an Owner, Partner, or Corporate Officer? YES <input type="checkbox"/> NO <input type="checkbox"/>

40. Name and Title of Person Completing Form		41. Name of Business	
42. Business Mailing Address and Telephone Number Street or P.O. Box Telephone ( )		43. Business Location (If different from mailing address) Number and Street	
City	State	Zip Code	City State Zip Code
44. Federal Tax Identification Number	45. Primary North American Industry Classification System Code:(6 digit)	46. Specific NAICS Code (6 digit)	47. Texas Comptroller Taxpayer No.
48. Workers' Compensation Insurance Company		49. Policy Number	

50. Did you request accident prevention services in past 12 months?  
YES  NO  If yes, did you receive them? YES  NO

51. Signature and Title (READ INSTRUCTIONS ON INSTRUCTION SHEET BEFORE SIGNING)  
**X** \_\_\_\_\_ Date \_\_\_\_\_





**Texas Department of Insurance**  
**Division of Workers' Compensation**  
 7551 Metro Center Drive, Suite 100 • MS-96  
 Austin, TX 78744-1645  
 (800) 372-7713 phone • (512) 804-4146 fax

## Employer's Report of Non-covered Employee's Occupational Injury or Disease

*Type or print in black ink*

- Non-subscribing Employer  
 Subscribing Employer - Employee Waived Workers' Compensation Insurance Coverage

### I. EMPLOYER INFORMATION

<b>1. Employer Business Name</b>		
<b>2. Reporting Period</b> (mm/yyyy)	<b>3. Number of Injured Employees Included on This Report</b>	
<b>4. Employer Business Mailing Address</b> (Street or PO Box, City, County, State, Zip Code)	<b>5. Provide the following:</b>	
	<b>NAICS Codes</b>	<b>NAICS Employment</b>
<b>6. Employer Physical Address</b> (Street, City, State, Zip Code)		
<b>7. Employer Phone Number</b>		
<b>8. Federal Employer ID Number</b>		
<b>9. Name of Person Completing Form</b>		
<b>10. Phone Number of Person Completing Form</b>		
<b>11. Title of Person Completing Form</b>		
<b>12. Signature of Person Completing Form</b>	<b>13. Date of Signature</b> (mm/dd/yyyy)	

### II. INJURED EMPLOYEE INFORMATION / INJURY DATA

<b>14. Employee Name</b> (First, Middle, Last)		<b>15. Employee's SSN</b>
<b>16. Date of Birth</b> (mm/dd/yyyy)	<b>17. Date of Hire</b> (mm/dd/yyyy)	<b>18. Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>19. Occupation</b>	<b>20. Hourly Wage</b>	<b>21. Employee NAICS Code</b>
<b>22. Race/Ethnic Identification</b> <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Other (specify)		

For TDI-DWC Use Only

<b>23. Address Where Injury/Occupational Disease Occurred</b> (Street, City, State, Zip Code)	
<b>24. Type of Location Where Injury/Occupational Disease Occurred</b> <input type="checkbox"/> Primary Business Location <input type="checkbox"/> On-site Job Location <input type="checkbox"/> Traveling between Job Locations	
<b>25. Date of Injury/Occupational Disease</b> (mm/dd/yyyy)	<b>26. Date Reported By Employee</b> (mm/dd/yyyy)
<b>27. Return to Work</b> <input type="checkbox"/> Date or <input type="checkbox"/> Expected Date (mm/dd/yyyy)	
<b>28. Reported Cause of Injury</b>	
<b>29. Nature of Injury/Occupational Disease</b>	
<b>30. Equipment Involved in the Injury</b> (if any)	
<b>31. Body Part(s) Affected</b>	
<b>32. First Day of Absence from Work</b> (mm/dd/yyyy)	<b>33. Number of Days Absent from Work</b> <input type="checkbox"/> 1 Day or Less <input type="checkbox"/> >1 Day – 7 Days <input type="checkbox"/> 8 Days or More
<b>34. Occupational Disease</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>35. Fatality</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide date (mm/dd/yyyy)
<b>36. Description of Incident</b>	

**NOTE<sup>1</sup>:** Title 28 Texas Administrative Code, Chapter 160 requires employers to report work-related deaths, on-the-job injuries and occupational diseases in the form and manner required by TDI-DWC. The social security number may be used to identify the injured employee.

**NOTE<sup>2</sup>:** With few exceptions, upon your request, you are entitled to be informed about information TDI-DWC collects about you; receive and review the information (Government Code, §§552.021 and 552.023); and have TDI-DWC correct information that is incorrect (Government Code, §559.004)

Employer's Name:  Employer's FEIN:
--

For TDI-DWC Use Only
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**Injury Data for Additional Injured Employee(s)**  
(reproduce this page, if necessary)

**Employer Business Name**

**Employer FEIN**

**Reporting Period** (mm/yyyy)

**II. INJURED EMPLOYEE INFORMATION / INJURY DATA**

<b>14. Employee Name</b> (First, Middle, Last)		<b>15. Employee's SSN</b>
<b>16. Date of Birth</b> (mm/dd/yyyy)	<b>17. Date of Hire</b> (mm/dd/yyyy)	<b>18. Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>19. Occupation</b>	<b>20. Hourly Wage</b>	<b>21. Employee NAICS Code</b>
<b>22. Race/Ethnic Identification</b> <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Other (specify)		
<b>23. Address Where Injury/Occupational Disease Occurred</b> (Street, City, State, Zip Code)		
<b>24. Type of Location Where Injury/Occupational Disease Occurred</b> <input type="checkbox"/> Primary Business Location <input type="checkbox"/> On-site Job Location <input type="checkbox"/> Traveling between Job Locations		
<b>25. Date of Injury/Occupational Disease</b> (mm/dd/yyyy)		<b>26. Date Reported By Employee</b> (mm/dd/yyyy)
<b>27. Return to Work</b> <input type="checkbox"/> Date    or <input type="checkbox"/> Expected Date (mm/dd/yyyy)		
<b>28. Reported Cause of Injury</b>		
<b>29. Nature of Injury/Occupational Disease</b>		
<b>30. Equipment Involved in the Injury</b> (if any)		
<b>31. Body Part(s) Affected</b>		
<b>32. First Day of Absence from Work</b> (mm/dd/yyyy)		<b>33. Number of Days Absent from Work</b> <input type="checkbox"/> 1 Day or Less <input type="checkbox"/> >1 Day – 7 Days <input type="checkbox"/> 8 Days or More
<b>34. Occupational Disease</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>35. Fatality</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide date (mm/dd/yyyy)
<b>36. Description of Incident</b>		

For TDI-DWC Use Only

## Frequently Asked Questions

### Employer's Report of Non-covered Employee's Occupational Injury or Disease (DWC Form-007)

#### Which employers are required to report on-the-job injuries, occupational diseases, and work-related deaths on the DWC Form-007?

The following employers are required to file the DWC Form-007:

- An employer that **does not have** workers' compensation insurance coverage (non-subscriber) and **employs five or more employees who are not exempt** from workers' compensation insurance coverage must file the DWC Form-007 to report all on-the-job injuries and occupational diseases. Examples of exempt employees include certain domestic workers, and certain farm and ranch workers.
- An employer that **has** workers' compensation insurance coverage must file the DWC Form-007 to report an on-the-job injury or occupational disease for an **employee who has waived** workers' compensation insurance coverage in accordance with Texas Labor Code §406.034.

Failure to file the form may subject the employer to administrative penalties.

#### What do I do if I need to report more than two injured employees?

Copy page three of the form as many times as necessary for reporting additional injured employees.

#### When do I file the DWC Form-007?

The form must be filed not later than the 7<sup>th</sup> day of the month following the month in which:

- a work-related death occurred,
- an employee was absent from work for more than one day\* as a result of an on-the-job injury; or
- the employer acquired knowledge of an occupational disease.

\*Do not count the day of the injury or the day the injured employee returned to work when calculating the number of days absent from work.

**NOTE:** If no such deaths, injuries, or diseases occurred during a calendar month, no report is required for that month.

#### Are any fields on the DWC Form-007 optional?

No, all applicable fields must be completed each time the DWC Form-007 is filed.

#### How do I file the DWC Form-007?

Submit the DWC Form-007 to the Texas Department of Insurance, Division of Workers' Compensation (TDI-DWC) by:

- faxing the form to (512) 804-4146; or
- mailing the form to the address listed at the top of the form.

## Instructions for Completing Specific Items

### **Box 5: Employer NAICS Codes\*/Employment**

List all six-digit NAICS Codes which the employer uses with the FEIN specified in Box 8. Provide the highest employment figure for each NAICS Code for the month of the report. Employment means all employees on your payroll whether full-time, part-time, temporary, or permanent. Attach additional pages, if necessary.

### **Box 21: Employee NAICS Code\***

List the six-digit NAICS Code of the activity that the employee was engaged in at the time of the injury or disease. The code listed must be one of the six-digit NAICS Code numbers reported in Box 5.

### **Box 22: Race/Ethnic Identification**

Check appropriate box and provide requested information, if applicable. Information as to the race/ethnicity of the employee will be maintained for non-discriminatory statistical use.

**NOTE:** Hispanic, while not a race identification, is included as a separate race/ethnic category. Do not include Hispanic under "white" or "black".

### **Box 28: Reported Cause of Injury**

Enter the most probable cause of the injury or disease. Examples: overexertion due to lifting or pushing, caught between, slip, trip, fall.

### **Box 29: Nature of Injury/Occupational Disease**

Enter the type of injury or occupational disease. Examples: cut, burn, bruise, fracture, sprain, strain, chemical burn, dermatitis, asbestosis, silicosis. For multiple injuries, use most serious.

### **Box 33: Number of Days Absent from Work**

- *Occupational disease:* Must be reported regardless of the number of days the employee is absent from work. Check the appropriate box, including *1 Day or Less*.
- *On-the-job injury:* Must be reported only if the employee is absent from work for more than one day. Do not check *1 Day or Less*.

### **Box 36: Description of Incident**

Provide a short narrative of how the incident occurred. Example: While painting house, fell off ladder and fractured arm.

\*Information on NAICS Codes can be found on the United States Census Bureau website at [www.census.gov/eos/www/naics](http://www.census.gov/eos/www/naics). NAICS Codes can also be obtained from the *North American Industry Classification System* published by the National Technical Information Service, 5285 Port Royal Road, Springfield, Virginia 22161; e-mail: [info@ntis.fedworld.gov](mailto:info@ntis.fedworld.gov).

# EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE FAMILY AND MEDICAL LEAVE ACT

## Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- for incapacity due to pregnancy, prenatal medical care or child birth;
- to care for the employee's child after birth, or placement for adoption or foster care;
- to care for the employee's spouse, son, daughter or parent, who has a serious health condition; or
- for a serious health condition that makes the employee unable to perform the employee's job.

## Military Family Leave Entitlements

Eligible employees whose spouse, son, daughter or parent is on covered active duty or call to covered active duty status may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered servicemember is: (1) a current member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness\*; or (2) a veteran who was discharged or released under conditions other than dishonorable at any time during the five-year period prior to the first date the eligible employee takes FMLA leave to care for the covered veteran, and who is undergoing medical treatment, recuperation, or therapy for a serious injury or illness.\*

**\*The FMLA definitions of "serious injury or illness" for current servicemembers and veterans are distinct from the FMLA definition of "serious health condition".**

## Benefits and Protections

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

## Eligibility Requirements

Employees are eligible if they have worked for a covered employer for at least 12 months, have 1,250 hours of service in the previous 12 months\*, and if at least 50 employees are employed by the employer within 75 miles.

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

## Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and

a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

## Use of Leave

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

## Substitution of Paid Leave for Unpaid Leave

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

## Employee Responsibilities

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

## Employer Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

## Unlawful Acts by Employers

FMLA makes it unlawful for any employer to:

- interfere with, restrain, or deny the exercise of any right provided under FMLA; and
- discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

## Enforcement

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

**FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulation 29 C.F.R. § 825.300(a) may require additional disclosures.**



For additional information:  
1-866-4US-WAGE (1-866-487-9243) TTY: 1-877-889-5627  
[WWW.WAGEHOUR.DOL.GOV](http://WWW.WAGEHOUR.DOL.GOV)

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



WHD Publication 1420 · Revised February 2013



# CHILD LABOR LAWS

Texas Workforce Commission  
Labor Law Section, Child Labor Enforcement  
U.S. Department of Labor  
Wage and Hour Division



For further information about Texas' child labor laws, call:

**1-800-832-9243**

**(in Texas only)**

**TDD 1-800-735-2989**

***This poster provides some guidelines to the Texas child labor laws, but it is not complete. Chapter 51, Texas Labor Code, governs the employment of children under Texas state law. MINIMUM AGE FOR EMPLOYMENT IS 14; however, state and federal laws provide for certain exceptions. Please call TWC's Labor Law Section for a complete copy of the law or for answers to questions about labor law. The Fair Labor Standards Act (FLSA) governs federal laws and guidelines pertaining to child labor. For information concerning federal child labor laws, consult your local listings for the nearest office of the U.S. Department of Labor, Wage and Hour Division or call 1-866-487-9243***

## ***The following are prohibited occupations for 14- through 17-year-old children:***

Prohibited occupations are the same for both federal and state law. The minimum age applies even when the minor is employed by the parent or a person standing in place of the parent. The hazardous occupations designated by an asterisk (\*) have provisions for employment of persons below the age of eighteen (18), provided applicable apprentice or student-learner certification has been obtained. Persons desiring specific information about these exceptions should contact the nearest office of the United States Department of Labor.

Occupations declared particularly hazardous or detrimental to the health or well-being of all children 14 through 17 years of age include occupations:

- (1) in or about plants or establishments other than retail establishments which manufacture or store explosives or articles containing explosive components other than retail establishments
- (2) involving the driving of motor vehicles and outside helpers
  - A. on any public road or highway,
  - B. in or about any place where logging or sawmill operations are in progress, or
  - C. in excavations.
 (Under certain conditions, driving a motor vehicle for a commercial purpose is NOT considered a hazardous occupation under state or federal law.)
- (3) connected with coal mining.
- (4) including logging and sawmill occupations and occupations involving fire fighting and timber tracts.
- (5) \*operating or assisting to operate power-driven woodworking machines.
- (6) involving exposure to radioactive substances and to ionizing radiations.
- (7) operating or assist to operate power-driven hoisting apparatus such as elevators, cranes, derricks, hoists, high-lift trucks.
- (8) \*operating or assisting to operate power-driven metal forming, punching, and shearing machines.
- (9) in connection with mining, other than coal.
- (10) \*operating or assisting to operate power-driven meat processing machines, and occupations including slaughtering, meat packing, processing, or rendering
- (11) operating or assisting to operate power-driven bakery machines.
- (12) \*Occupations involved in the operation of power-driven paper-products machines, balers and compactors.
  - (13) manufacturing brick, tile, and kindred products.
- (14) \*operating or assisting to operate power-driven circular saws, band saws and guillotine shears, abrasive cutting discs, reciprocating saws, chain saws and wood chippers
- (15) wrecking, demolition, and ship-breaking operations.
- (16) \*occupations in roofing operations and on or about a roof.
- (17) \*connected with excavation operations.

## ***Additional prohibited occupations that apply only to 14- and 15-year-olds:***

Occupations declared particularly hazardous or detrimental to the health or well-being of 14- and 15-year-old children include:

- (1) Mining, manufacturing, or processing occupations, including duties in workrooms or places where goods are manufactured, mined, or otherwise processed.
- (2) The operation or tending of hoisting apparatus or any power-driven machinery other than office machines.
- (3) Operating a motor vehicle or service as helpers on such vehicles, including passenger-type vehicles.
- (4) Public messenger service.
- (5) Occupations in connection with:
  - A. Transportation of persons or property by rail, highway, air, water, pipeline, or other means.
  - B. Warehousing and storage.
  - C. Communications and public utilities.
  - D. Construction including demolition and repair
- (6) Work performed in or about boiler or engine rooms.
- (7) Work in connection with maintenance or repair of the establishment, machines or equipment.
- (8) Outside window washing that involves working from window sills, and all work requiring the use of ladders, scaffolds or their substitutes.
- (9) Cooking (except under limited circumstances)
- (10) Baking
- (11) Occupations which involve operating, setting up, adjusting, cleaning, oiling, or repairing power-driven food slicers and grinders, food choppers and cutters, and bakery-type mixers.
- (12) Work in freezers and meat coolers and all work in preparation of meats for sale (except wrapping, sealing, labeling, weighing, pricing and stocking when performed in other areas).
- (13) Loading and unloading goods to and from trucks, railroad cars or conveyors.
- (14) All occupations in warehouses, except office and clerical work.
- (15) Youth peddling activities.
- (16) Catching and cooping of poultry in preparation for transport or for market.

## ***Work times for 14- and 15-year-olds***

**State Law** — A person commits an offense if that person permits a child 14 or 15 years of age who is employed by that person to work:

- (1) more than 8 hours in one day or more than 48 hours in one week;
- (2) between the hours of 10 p.m. and 5 a.m. on a day that is followed by a school day or between the hours of midnight and 5 a.m. on a day that is not followed by a school day if the child is enrolled in school;
- (3) between the hours of midnight and 5 a.m. on any day during the time school is recessed for the summer if the child is not enrolled in summer school.

**Federal Law** — The FLSA further regulates hours of employment for children:

- (1) may not work during school hours
- (2) may not work more than eight hours on a non-school day or 40 hours during a non-school week.
- (3) may not work more than three hours on a school day or 18 hours during a school week.
- (4) Children may work only between 7 a.m. and 7 p.m. during the school year. However, between June 1 and Labor Day, they may work between the hours of 7 a.m. and 9 p.m.

## ***Certificate of Age/Child Actors***

The Texas Labor Code does not require a certificate of age. However, applications for certificates are available by phone by calling the 1-800 number above or from your local office of the Texas Workforce Commission.

- (1) A child who is at least 14 years of age may apply to the Texas Workforce Commission for a certificate of age.
- (2) TWC may authorize the employment of a child younger than 14 as an actor or performer in a motion picture or in a theatrical, radio or television production.

## ***Additional prohibited occupations that apply under state law:***

- (1) occupations involved in sales and solicitation by a child under 18 years of age.
- (2) occupations in sexually oriented businesses by a child under 18 years of age.

## **PENALTIES:**

**State of Texas** — An offense under Chapter 51, Texas Labor Code, is a Class B misdemeanor, except for the offense of employing a child under 14 to sell or solicit, which is a Class A misdemeanor. If the Commission determines that a person who employs a child has violated this Act, or a rule adopted under this Act, the Commission may assess an administrative penalty against that person in an amount not to exceed \$10,000 for each violation. The attorney general may seek injunctive relief in district court against an employer who repeatedly violates the requirements established by this Act relating to the employment of children.

**Federal** — The FLSA prescribes a maximum administrative penalty of \$11,000 per violation and/or criminal prosecution and fines.



# LEYES LABORALES DE MENORES

## Comisión de Fuerza Laboral de Tejas

### Imposición de Leyes Laborales de Menores

#### Departamento de Trabajo de los EE.UU

#### División de Horas y Sueldos



Para más información sobre las leyes laborales de menores de Tejas, llame a: **1-800-832-9243 o (TDD 1-800-735-2989)**

*Este cartel le provee alguna guía a las leyes de Tejas sobre el empleo de menores, pero no está completo. Capítulo 51, Código Laboral de Tejas, gobierna el empleo de menores bajo las leyes estatales de Tejas. LA EDAD MINIMA PARA SER EMPLEADO ES 14; sin embargo, las leyes estatales y federales tienen en cuenta ciertas excepciones. Favor de llamar al departamento de TWC de las leyes laborales por una copia completa de las leyes o por respuestas a preguntas sobre las leyes laborales. La Ley de Normas Razonables de Trabajo (Fair Labor Standards Act (FLSA) en inglés) gobierna las leyes federales y las guías relacionadas con el empleo de menores. Para información concerniente a las leyes federales del empleo de menores, consulte a sus alistamientos locales para conseguir la oficina más cercana de la División de Horas y Sueldos del Departamento del Trabajo de los EE.UU o llame a 1-866-487-9243.*

Las siguientes son ocupaciones prohibidas para menores de 14 a 17 años de edad:

Las ocupaciones prohibidas son iguales tanto como las leyes federales que las estatales. La edad mínima aplica aunque el menor sea empleado por un padre o una persona sirviendo en lugar de un padre. Las ocupaciones peligrosas designadas por un asterisco (\*) tienen provisiones por el empleo de personas de menos de 18 años, con tal de que el aprendizaje aplicable o la certificación como estudiante-aprendiz haya sido obtenido. Personas que deseen información específica sobre estas excepciones deben de ponerse en contacto con la oficina más cercana del Departamento del Trabajo de los EE.UU.

Las ocupaciones declaradas particularmente arriesgadas o perjudiciales a la salud o al bienestar de todos los menores de 14 a 17 años de edad incluirán las ocupaciones:

- (1) en o cerca de fábricas o establecimientos en donde se fabriquen o guarden explosivos o artículos que contengan componentes explosivos aparte de establecimientos que vendan al por menor.
- (2) que involucran el manejar de vehículos motorizados y ayudantes externos
  - A. en cualquier camino público o carretera.
  - B. en o cerca de cualquier lugar donde los funcionamientos de tala o aserradero estén en curso, o
  - C. en excavaciones.
 (Bajo ciertas circunstancias, en manejo de vehículos motorizados con propósito comercial, NO será considerado como trabajo peligroso en cuanto a las leyes estatales.)
- (3) en conexión con la minería del carbón.
- (4) ocupaciones de tala y aserradero e involucrando contraincendios y tractos de madera.
- (5) \*del funcionamiento de maquinaria motorizada de carpintería.
- (6) que involucran la exposición a substancias radioactivas y a radiaciones ionizadas.
- (7) del funcionamiento de aparatos motorizados de alzamiento tal como ascensores, grúas, torres, montacargas, camiones de alzamiento.
- (8) \*del funcionamiento de maquinaria motorizada para formar, perforar y cortar metal.
- (9) en conexión con la minería, aparte del carbón.
- (10) \*del funcionamiento de maquinaria motorizada en el proceso de carne y ocupaciones incluyendo las de matanza, empaque, proceso o interpretación.
- (11) del funcionamiento de maquinaria motorizada de panadería.
- (12) \*operaciones de maquinaria motorizados de productos de papel, empacadoras de papel desperdicio o compactadoras de papel.
- (13) de la manufacturación de ladrillos, tejas y productos similares.
- (14) \*del funcionamiento de serruchos motorizados, sierra de cinta, cizalla de guillotina, disco cortador abrasivo, sierra de recíprocamente, moto-sierra, y desmenuzadores de madera.
- (15) del funcionamiento de destruir, demoler, y desguazar.
- (16) \*ocupaciones en operaciones de techar y en o con respecto al techo.
- (17) \*en conexión con funcionamientos de excavaciones.

#### Adicionales Ocupaciones prohibidas que aplican solamente a menores de 14 a 15 años:

Ocupaciones declaradas particularmente peligrosas o perjudiciales a la salud o al bienestar de menores de 14- 15 años incluirán:

- (1) La minería, la manufactura, o el desempeño de cualesquiera oficios en salas de trabajo o lugares de empleo donde se fabriquen, minen, o de otro modo procesen mercancía.
- (2) El funcionamiento o el cuidado de aparatos de alzamiento o cualquier otra maquinaria motorizada, aparte de maquinaria de oficina.
- (3) Operando un vehículo motorizado o sirviendo como ayudantes en tales vehículos, incluyendo vehículos de pasajero.
- (4) Servicio público de mensajero.
- (5) Ocupaciones en conexión con:
  - A. El transporte de personas o propiedades en tren, por carretera, en avión, en barco, por conducto o por otros medios.
  - Almacenaje
  - B. Comunicaciones y servicios públicos.
  - C. Construcción incluyendo la demolición y la reparación.
- (6) Trabajo desempeñado en o cerca de cuartos de calderas o salas de maquinas.
- (7) Trabajo en conexión con el mantenimiento o la reparación del establecimiento, la maquinaria o el equipo.
- (8) El lavado de ventanas afuera que incluya trabajando en alfeizares, y todo trabajo que requiera el uso de escaleras, cadalsos o substitutos.
- (9) El cocinar (aparte de circunstancias limitadas)
- (10) El hornear.
- (11) Ocupaciones que involucran el funcionamiento, establecimiento, ajustamiento, limpieza, lubricación, o la reparación de maquinaria motorizada de rebanar comida y moledores, picadoras de comida y cortadoras, y mezcladoras como el tipo de panadería.
- (12) Trabajo en congeladores y refrigeradoras de carne y todo trabajo involucrado en la preparación de carne para su venta (excepto el empaçar, sellar, marcar, pesar, preciar, y almacenar cuando se desempeñe en otras áreas).
- (13) Carga y descarga de mercancía hacia y desde los camiones, vagones o transportadores.
- (14) Todas las ocupaciones en almacenes, excepto el trabajo de oficina.
- (15) Vendedores o Promotores ambulantes
- (16) Pescar y enjaular aves de corral en preparación para ser transportados o para el mercado

#### Horarios para los menores de 14 y 15 años de edad

**Ley Estatal** – Una persona cometerá una ofensa si tal persona permite que el niño(a) de 14 o 15 años de edad empleado por esa persona trabaje:

- (1) más de 8 horas en un día o más de 48 horas en una semana.
- (2) entre las horas de 10 p.m. y 5 a.m. cuando el día siguiente sea un día escolar o entre las horas de medianoche y 5 a.m. en un día que no preceda un día escolar si el menor está inscrito en la escuela.
- (3) entre las horas de medianoche y 5 a.m. en cualquier día durante el tiempo en que la escuela entre en receso para el verano si el menor no está inscrito en la escuela.

**Ley Federal** – El FLSA en adición reglamenta las horas de empleo para menores:

- (1) no puedan trabajar durante horas de escolar
- (2) no más de ocho horas en un día no escolar o 40 horas durante una semana no escolar.
- (3) no más de tres horas en un día escolar, 18 horas durante una semana escolar.
- (4) Menores puedan trabajar solamente entre las 7 a.m. y las 7 p.m. durante el año escolar. Sin embargo, entre el primero de junio y el Día del Trabajador, pueden trabajar entre las 7 a.m. y las 9 p.m.

#### Certificado de Edad/Menores Actores

El Código Laboral de Tejas no requiere un certificado de edad. Sin embargo, aplicaciones para los certificados están disponibles llamando el número 1-800 arriba o a petición de la oficina local de la Comisión de Fuerza Laboral de Tejas.

- (1) Un(a) niño(a) que tenga por lo menos 14 años de edad puede aplicar a la Comisión de Fuerza Laboral de Tejas por un certificado de edad.
- (2) La TWC puede autorizar el empleo de un(a) niño(a) más joven de 14 como actor o intérprete en una película o en una producción teatral, en la rad o la televisión.

#### Adicional empleos prohibidos que se aplican bajo leyes estatales:

- (1) Ocupaciones involucradas en ventas y solicitudes por un niño menor de 18 años.
- (2) Ocupaciones en negocios orientados al sexo por niños menor de 18 años

#### Multas:

**Estado de Texas** – Una ofensa bajo el Capítulo 51, Código Laboral de Tejas, es un delito menor de Clase B, excepto la ofensa de emplear a un menor de 14 años para vender o solicitar, el cual es un delito menor de Clase A. Si la Comisión determina que una persona haya violado esta Acta en el empleo de un menor, o una regla adoptada bajo esta Acta, la Comisión podrá fijar una multa administrativa contra tal persona de una cantidad no más de \$10,000 por cada violación. El Ministro de Justicia (Attorney General) podrá procurar un mandamiento judicial en la corte del distrito contra un empleador que viole repetidamente los requerimientos establecidos por esta Acta referente al empleo de menores.

**Federal** – El FLSA prescribe una máxima multa administrativa de \$11,000 por violación y/o prosecución criminal y multas.

# Important Message from the IRS



**If you qualify, you could get money back from the IRS. You have to file a federal tax return to get EITC even if you owe no tax or are not required to file.**

If you earn less than \$51,567 and you have a:

- Son, daughter, stepchild, foster child, brother, sister, half brother, half sister, grandchild, niece, nephew, or adopted child living with you

**– OR –**

If you earn less than \$19,680 and you:

- Have no children living with you or have no child living with you who meets EITC rules,
- Are at least age 25 and under 65

You may be eligible for the EITC, Earned Income Tax Credit.

EITC provides a boost to help pay your bills, fix up your place, or save for a rainy day.

**Just imagine what you could do with EITC.**



See if you qualify.  
[www.irs.gov/eitc](http://www.irs.gov/eitc)

Life's a little easier with



# 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 1½ times the 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)



# 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)





U.S. Department of Labor



# Job Safety and Health IT'S THE LAW!

## All workers have the right to:

- A safe workplace.
- Raise a safety or health concern with your employer or OSHA, or report a work-related injury or illness, without being retaliated against.
- Receive information and training on job hazards, including all hazardous substances in your workplace.
- Request an OSHA inspection of your workplace if you believe there are unsafe or unhealthy conditions. OSHA will keep your name confidential. You have the right to have a representative contact OSHA on your behalf.
- Participate (or have your representative participate) in an OSHA inspection and speak in private to the inspector.
- File a complaint with OSHA within 30 days (by phone, online or by mail) if you have been retaliated against for using your rights.
- See any OSHA citations issued to your employer.
- Request copies of your medical records, tests that measure hazards in the workplace, and the workplace injury and illness log.

*This poster is available free from OSHA.*

**Contact OSHA. We can help.**

## Employers must:

- Provide employees a workplace free from recognized hazards. It is illegal to retaliate against an employee for using any of their rights under the law, including raising a health and safety concern with you or with OSHA, or reporting a work-related injury or illness.
- Comply with all applicable OSHA standards.
- Report to OSHA all work-related fatalities within 8 hours, and all inpatient hospitalizations, amputations and losses of an eye within 24 hours.
- Provide required training to all workers in a language and vocabulary they can understand.
- Prominently display this poster in the workplace.
- Post OSHA citations at or near the place of the alleged violations.

FREE ASSISTANCE to identify and correct hazards is available to small and medium-sized employers, without citation or penalty, through OSHA-supported consultation programs in every state.



**1-800-321-OSHA (6742) • TTY 1-877-889-5627 • [www.osha.gov](http://www.osha.gov)**

# 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.

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.

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.

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.

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.

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.

## BENEFITS & PROTECTIONS

## ELIGIBILITY REQUIREMENTS

## REQUESTING LEAVE

## EMPLOYER RESPONSIBILITIES

## ENFORCEMENT

For additional information or to file a complaint:

**1-866-4-USWAGE**

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

**[www.dol.gov/whd](http://www.dol.gov/whd)**

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



# NOTICE TO EMPLOYEES CONCERNING ASSISTANCE AVAILABLE IN THE WORKERS' COMPENSATION SYSTEM FROM THE OFFICE OF INJURED EMPLOYEE COUNSEL

Have you been injured on the job? As an injured employee in Texas, you have the right to free assistance from the Office of Injured Employee Counsel (OIEC). OIEC is the state agency that assists unrepresented injured employees with their claim in the workers' compensation system.

You can contact OIEC by calling its toll-free telephone number: 1-866-393-6432. More information about OIEC and its Ombudsman Program is available at the agency's website ([www.oiec.texas.gov](http://www.oiec.texas.gov)).

## OMBUDSMAN PROGRAM

WHAT IS AN OMBUDSMAN? An Ombudsman is an employee of OIEC who can assist you if you have a dispute with your employer's insurance carrier. An Ombudsman's assistance is free of charge. Each Ombudsman has a workers' compensation adjuster's license and has completed a comprehensive training program designed specifically to assist you with your dispute.

An Ombudsman can help you identify and develop the disputed issues in your case and attempt to resolve them. If the issues cannot be resolved, the Ombudsman can help you request a dispute resolution proceeding at the Texas Department of Insurance, Division of Workers' Compensation. Once a proceeding is scheduled an Ombudsman can:

- Help you prepare for the proceeding (Benefit Review Conference and/or Contested Case Hearing);
- Attend the proceeding with you and communicate on your behalf; and
- Assist you with an appeal or a response to an insurance carrier's appeal, if necessary.

CONNECT  @OIEC  @OIECTexas  @OIECtube  [oiec.texas.gov](http://oiec.texas.gov)

Figure 28 TAC §276.5(c) - April 2018



# AVISO PARA LOS EMPLEADOS SOBRE LA ASISTENCIA DISPONIBLE EN EL SISTEMA DE COMPENSACIÓN PARA TRABAJADORES POR PARTE DE LA OFICINA DE ASESORÍA PÚBLICA PARA EL EMPLEADO LESIONADO

¿Se ha lesionado en el trabajo? Como empleado lesionado en Texas, usted tiene derecho a recibir asistencia gratuita por parte de la Oficina de Asesoría Pública para el Empleado Lesionado (Office of Injured Employee Counsel –OIEC, por su nombre y siglas en inglés). OIEC es la agencia estatal que asiste a los empleados lesionados que no cuentan con representación legal con su reclamación en el sistema de compensación para trabajadores.

Usted puede comunicarse con OIEC llamando a su número de teléfono gratuito: 1-866-393-6432. Más información sobre OIEC y sobre el Programa de Ombudsman se encuentra disponible en el sitio web de la agencia ([www.oiec.texas.gov](http://www.oiec.texas.gov)).

## PROGRAMA DE OMBUDSMAN

¿QUÉ ES UN OMBUDSMAN? Un Ombudsman es un empleado de OIEC que le puede asistir si usted tiene una disputa con la aseguradora de su empleador. La asistencia por parte del Ombudsman es gratuita. Cada Ombudsman cuenta con una licencia de ajustador de compensación para trabajadores y ha completado un extenso programa de capacitación, el cual ha sido diseñado específicamente para asistirle a usted con su disputa.

Un Ombudsman puede ayudarle a identificar y desarrollar los asuntos en disputa en su caso e intentar resolverlos. Si los asuntos no pueden ser resueltos, el Ombudsman puede ayudarle a solicitar un procedimiento de resolución de disputas ante el Departamento de Seguros de Texas, División de Compensación para Trabajadores (Texas Department of Insurance, Division of Workers' Compensation, por su nombre en inglés). Una vez que el procedimiento ha sido programado, el Ombudsman puede:

- Ayudarle a prepararse para el procedimiento (Conferencia para Revisión de Beneficios [Benefit Review Conference, por su nombre en inglés] y/o Audiencia para Disputar Beneficios [Contested Case Hearing, por su nombre en inglés]);
- Asistir al procedimiento con usted y hablar en su nombre; y
- Ayudarle con una apelación o con una respuesta a la apelación de una aseguradora, si es necesario.

CONÉCTESE  @OIEC  @OIECTexas  @OIECtube  [oiec.texas.gov](http://oiec.texas.gov)

Título 28 Código Administrativo de Texas §276.5(c) - Abril 2018





# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 5-31-2020)

## PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact \_\_\_\_\_.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name		4. Employer Identification Number (EIN)	
5. Employer address		6. Employer phone number	
7. City	8. State	9. ZIP code	
10. Who can we contact about employee health coverage at this job?			
11. Phone number (if different from above)		12. Email address	

Here is some basic information about health coverage offered by this employer:

•As your employer, we offer a health plan to:

All employees. Eligible employees are:

Some employees. Eligible employees are:

•With respect to dependents:

We do offer coverage. Eligible dependents are:

We do not offer coverage.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

\*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

**13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**

**Yes** (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? \_\_\_\_\_ (mm/dd/yyyy) (Continue)

**No** (STOP and return this form to employee)

**14. Does the employer offer a health plan that meets the minimum value standard\*?**

Yes (Go to question 15)  No (STOP and return form to employee)

**15. For the lowest-cost plan that meets the minimum value standard\* offered only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? \$ \_\_\_\_\_

b. How often?  Weekly  Every 2 weeks  Twice a month  Monthly  Quarterly  Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

**16. What change will the employer make for the new plan year?** \_\_\_\_\_

Employer won't offer health coverage

Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.\* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much would the employee have to pay in premiums for this plan? \$ \_\_\_\_\_

b. How often?  Weekly  Every 2 weeks  Twice a month  Monthly  Quarterly  Yearly

\* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)