New Mexico State Postings



DISCRIMINATION is against the law.

If you feel that you have been discriminated against, visit our

Internet o póngase en contacto con nosotros.

DISCRIMINACIÓN ES CONTRA LA LEY.

USE OF PAID SICK LEAVE

PAID SICK LEAVE

NOTICE

REASONABLE DOCUMENTATION

RETALIATION PROHIBITED

REASON FOR USE OF LEAVE

New Mexico Minimum Wage Act **EMPLOYEE RIGHTS**

WORKFORCE)

MINIMUM WAGE IN NEW MEXICO

\$12 per hour as of January 1, 2023

OVERTIME PAY

TIPPED WORKERS

NO SEPARATE RATE FOR STUDENTS OR

DAMAGES

RETALIATION PROHIBITED

LOCAL MINIMUM WAGE RATES

ADDITIONAL INFORMATION

WORKERS' COMPENSATION Notice to Employers / Employees

NOTICE ON **HUMAN TRAFFICKING**

IF YOU OR SOMEONE YOU KNOW IS A VICTIM OF THIS CRIME, CONTACT THE FOLLOWING:

> IN NEW MEXICO, CALL OR TEXT 505-GET-FREE (505-438-3733)

OR CALL THE NATIONAL HUMAN TRAFFICKING RESOURCE CENTER HOTLINE TOLL-FREE AT 1-888-373-7888 FOR HELP

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

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

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

NEW MEXICO JOB HEALTH AND SAFETY POSTER You Have a Right to a Safe and Healthful Workplace

IT'S THE LAW!

NEW MEXICO **DSHA**

ite. 3 ianta Fe, NM 87505

Mailing Address / Dirección de Envio: PO Box 5469 Santa Fe, NM 87502-5469



montages ?

Si Se Lastima En El Trabajo If You Are Injured At Work Notice — In repoil cases you must tell your employer out the accident within 15 days, using the Notice of

State of New Mexico Workers' Compensation Administration

WORKERS' COMPENSATION ACT

ns information – Contact your employer's Claims vertaffive (see box below).

accianno.

2) Unided blesse di direcche a infarmacidio y aquida contractivadane con un aspecialista en informacidio conocide como "Derbadisman" en la Administración pora la Diemperescritir a los Tratagactories.

3) Información acesta de Rociannoclamen. – Contractores con el represer en neclaraciones de les coimpañía.

Employer's Insurer / Claims Representative:

SALUD DE TRABAJO Y CARTEL DE SEGURIDAD Ustad Tiene el Derecho a un Lugar de Trabajo Seguro y Saludable.

ILO ESTABLECE LA LEY!







ALLC 20230728

Address:

Note: Employer must fill in this insurer / slaims representative into SUS DERECHOS

YOUR RIGHTS

If You Need HELP Call:

| Value | Valu

Si Usted Necesita Ayuda Llame Al:

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

For Notice of Applicant Forms call: 1-866-967-5867 USE A NOTICE OF ADDIDENT FORM TO REPORT YOUR ADDIDENT TO YOUR SUPERMISOR

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





