



**KNOW YOUR RIGHTS IN THE WORKPLACE**

# **UTAH & FEDERAL PRINTABLE LABOR LAWS**

# UTAH PRINTABLE LABOR LAW GUIDE

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

**This guide covers:**

- Remote Worker Use
- Printing the Labor Law Posters
- Sending Customized Acknowledgment Agreements

## How to Use

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

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

## How to Print the Individual Notices

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

### Look For This Button

PRINT

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

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

## How to Customize and Send the Acknowledgment Agreement

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

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

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

**Note: Please ensure the document is opened in Adobe Acrobat, not your web browser, in order to complete the Acknowledgement Agreement**

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

### Fill In Comments

#### ACKNOWLEDGEMENT

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

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

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

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

Comments:

SUBMIT ACKNOWLEDGEMENT

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

## 2 Utah Labor Laws

## Pregnancy and Related Conditions under the Utah Antidiscrimination Act

- The Utah Antidiscrimination Act requires an employer to make a **reasonable accommodation** for an employee for **pregnancy, child birth, breastfeeding, or a related condition**, upon the employee's request. UTAH CODE § 34A-5-106(1)(g) (2016).
- Unless the employer can show that the **reasonable accommodation** is an **undue hardship** as defined by the Act, it cannot require an employee to end the employment if a reasonable accommodation may be given, or deny employment opportunities to the employee if the denial is based on the need to make a reasonable accommodation. UTAH CODE § 34A-5-102(1)(w) (2016).
- An employer **may require** an employee seeking a reasonable accommodation based on pregnancy or a related condition to provide a medical certification. A **medical certification** must include:
  - o the date the reasonable accommodation becomes medically advisable;
  - o the probable duration of the accommodation; and
  - o a statement regarding the medical advisability of the accommodation. UTAH CODE § 34A-5-106(7)(a) (2016).
- An employer **may not** require an employee to obtain a certification from the employee's health care provider for more frequent **restroom, food, or water breaks**. UTAH CODE § 34A-5-106(7)(c) (2016).

To learn more about your rights, please contact the Utah Antidiscrimination & Labor Division by calling 801-530-6801 or emailing [discrimination@utah.gov](mailto:discrimination@utah.gov).



# UNEMPLOYMENT COMPENSATION



UTAH DEPARTMENT OF WORKFORCE SERVICES

jobs.utah.gov

09-22E-0422

## UNEMPLOYMENT INSURANCE NOTICE TO WORKERS

**Your work is covered under the provisions of the Utah Employment Security Act for unemployment insurance purposes, unless specifically exempted by the Act.**

Unemployment insurance specifically provides payments to qualified workers who are unemployed through no fault of their own and are able, available, and seeking full-time work. It is not public assistance, Social Security, or a disability payment. Benefits are based upon your previous earnings—not on economic need. The funds to pay unemployment benefits are paid by your employer. No deductions are made from your wages.

### FILING FOR UNEMPLOYMENT INSURANCE BENEFITS

To receive unemployment benefits, you may file your claim online at [jobs.utah.gov](http://jobs.utah.gov), select "Temporary Assistance," then "Unemployment Benefits," and then choose "File New or Reopen Claims." You may also call the Claims Assistance and Re-Employment Team at: Salt Lake/South Davis Counties – (801) 526-4400; Weber/North Davis Counties – (801) 612-0877; Utah County – (801) 375-4067; elsewhere in Utah and out-of-state – (888) 848-0688. No benefits will be paid for weeks prior to the week in which you file your claim. You should, therefore, file immediately after becoming unemployed or when your work hours are reduced to less than full time.

### FILING AFTER RECEIVING WORKER'S COMPENSATION BENEFITS

If you are separated from employment due to a work-related illness or injury for which you have received Worker's Compensation, your rights to unemployment benefits may be preserved for up to THREE YEARS from the date of your injury. In order to use wages earned prior to such an injury or illness, you must file a claim for unemployment benefits within 90 DAYS of your doctor's release to full time work.

### SEPARATION INFORMATION

At the time you are separated from your job, you should request information as to the reasons for your separation. You do not need to have a separation notice to file a claim. Both you and your employer will be requested to provide statements explaining the reason for your separation.

### WAGES DETERMINE BENEFIT AMOUNT

The amount of your unemployment benefits will be determined from your wages in covered employment. "Wages" are all payments for personal services performed such as salaries, commissions, bonuses, tips, and the cash value of goods and services received for services performed. Tips received but not reported to your employer generally cannot be used to determine your unemployment benefits.

### SELF-EMPLOYMENT

If you are classified as "self-employed" (independent contractor), you may want to discuss this with your employer and have your status reviewed by DWS. Work performed in "self employment" cannot be used for unemployment benefits. You are "self-employed" if your work is performed without direction and control and you are in your own established business. This generally means you are properly licensed in business, perform similar services for others, maintain proper accounting records and business reports, pay self-employment taxes, and provide for insurance.

### ONLINE SERVICES

Access our web site [jobs.utah.gov](http://jobs.utah.gov) to search for jobs, find out about available programs, and obtain economic information.

### NO FEE EMPLOYMENT SERVICES

DWS services are available on our web site at [jobs.utah.gov](http://jobs.utah.gov) or by going to any of our Employment Centers listed below. Employment services include job referrals, career counseling, workshops, employer recruitment, Veterans' services, labor market information, and job training/internships. Supportive services include food stamps, financial assistance, medical assistance, childcare assistance, unemployment assistance, emergency assistance, referrals to community, and other resources. Our Job Connection Rooms provide Internet access along with Information Specialists to assist you in accessing services and resources. Fax and copy machines are also available.

**PRINT**

# UNEMPLOYMENT COMPENSATION

## STATE EMPLOYMENT CENTERS

Beaver.....	875 North Main.....	(435) 438-3581
Blanding.....	544 North 100 East.....	(435) 678-1420
Brigham City.....	138 West 990 South.....	(435) 695-2625
Cedar City.....	176 East 200 North.....	(435) 865-6531
Clearfield.....	1290 East 1450 South.....	(801) 776-7800
Delta.....	44 South 350 East.....	(435) 864-3525
Emery County.....	550 West Hwy 29.....	(435) 381-6120
Heber City.....	69 North 600 West, Ste. C.....	(435) 654-6500
Junction.....	550 North Main.....	(435) 893-0005
Kanab.....	468 East 300 South.....	(435) 644-8911
Lehi.....	557 W. State Street.....	(801) 753-4500
Loa.....	18 South Main.....	(435) 893-0005
Logan.....	180 North 100 West.....	(435) 792-0599
Manti.....	55 South Main #3.....	(435) 835-0771
Moab.....	457 Kane Creek Blvd.....	(435) 719-2600
Nephi.....	625 North Main.....	(435) 623-0361
Ogden.....	480 27th Street.....	(801) 626-0300
Panguitch.....	665 North Main.....	(435) 676-1406
Park City.....	1910 Prospector Ave. Ste. 100.....	(877) 313-4717
Price.....	475 West Price River Dr. #300.....	(435) 636-2300
Provo.....	1550 North 200 West.....	(801) 342-2600
Richfield.....	115 East 100 South.....	(435) 893-0005
Roosevelt.....	140 West 425 South 330-13.....	(435) 722-6499
Salt Lake Metro.....	720 South 200 East.....	(801) 526-0950
Salt Lake So County.....	5735 South Redwood Rd.....	(801) 269-4700
South Davis.....	763 West 700 South W. Cross.....	(801) 298-6600
Spanish Fork.....	1185 North Canyon Creek Parkway.....	(801) 794-6600
St. George.....	162 North 400 East Bldg. B.....	(435) 986-3500
Tooele.....	305 North Main, Ste. 100.....	(435) 833-7300
Vernal.....	1050 West Market Dr.....	(435) 781-4100
Eligibility Services Center.....	(Salt Lake Area).....	(801) 526-0950
.....	(Outside Salt Lake).....	(866) 435-7414

## INFORMATION FOR EMPLOYERS

Utah law requires that each employee's wages must be reported each quarter with the regular quarterly contribution (tax) report. All wage and separation information and correspondence must include your unemployment insurance registration number. You must also maintain and make available records of wages and separation information on all workers for at least four (4) calendar years.

When an unemployment claim is filed by a former employee, the Department of Workforce Services will send Form 606 "Notice of Claim Filed." This notice will provide an opportunity for you to report details of the reason for the claimant's separation and, in some cases, to request relief of potential charges. You will also receive a Form 65 "Employer Notice of Potential Liability" showing any wages from your firm being used on the claim and your firm's potential benefit costs.

If you have classified or contemplate classifying any of your workers as "self-employed" (independent contractors), notify the Department in order that a proper determination of status can be made. By doing this, you may avoid unpaid contributions (tax) liabilities, interest, and penalties. Additional information is available in the "Employer Handbook" which you can access on the Internet at:

**[jobs.utah.gov/ui/employer/public/handbook/employerhandbook.aspx](http://jobs.utah.gov/ui/employer/public/handbook/employerhandbook.aspx)**

*In accordance with Section 35A-4-406(1)(b) of the Utah Employment Security Act, this notice must be permanently posted by each employer at suitable points (on bulletin boards, near time clocks, etc.) in each work place and establishment.*



**Equal Opportunity Employer/Program** • Auxiliary aids (accommodations) and services are available upon request to individuals with disabilities by calling 801-526-9240. Individuals who are deaf, hard of hearing, or have speech impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.

**PRINT**

# WORKERS' COMPENSATION

## WORKERS' COMPENSATION NOTICE

**Employer:** \_\_\_\_\_

has complied with the provisions of the Workers' Compensation Act (§34A-2-101, Utah Code Annotated), the Utah Occupational Disease Act (§34A-3-101, Utah Code Annotated), and the rules of the Labor Commission by insuring the liability to pay the compensation and other benefits provided by said Acts through:

**Insurance Company:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

Address for the above insurance company: \_\_\_\_\_

Telephone number: \_\_\_\_\_

☐ Check here if the employer has been authorized by the Division of Industrial Accidents to self-insure and directly pay workers' compensation benefits.

### WORKERS' COMPENSATION

Workers' Compensation is insurance which pays medical expenses and helps offset lost wages for employees with work related injuries or illnesses. If you have an on-the-job injury or occupational disease, it may pay for: hospital and medical bills, time lost from work, permanent loss of body function, prosthetic devices, and burial and dependent benefits in case of death.

#### HOW TO REPORT AN ACCIDENT

1. Report the injury, no matter how slight, immediately to your supervisor. You may lose your rights if your injury is not reported within 180 days of the injury or work-related illness.
2. Ask your employer where you should go for treatment. If your employer has a first-aid room or company designated doctor, go there promptly for treatment. If not, go to a doctor of your choice.
3. Tell the doctor HOW, WHEN and WHERE the accident happened. The doctor will fill out a physician's initial report form. A copy of the report is given to you and copies of the report are sent to the insurance company and the Labor Commission within seven (7) days of your doctor visit.
4. Your employer shall fill out the employer's first report of injury form. A copy of this report is sent to the insurance company within seven (7) days of the accident. The insurance company will report the injury to the Labor Commission

#### HOW TO START COMPENSATION

1. Ask your employer which insurance company pays workers' compensation benefits for the company.
2. Ask your employer to report the accident to the insurance company and give you the claim number.
3. Call the insurance company and ask them to start your workers' compensation benefits. The insurance company will require the employer's report, the physician's report, and may ask you to fill out a request for compensation. Cooperate with the adjuster's investigation of the injury.
4. Ask your doctor to send medical reports to the insurance company, including the work status statement.

#### REHABILITATION

If you cannot return to work, you may be eligible for a rehabilitation program. Contact the insurance company listed above or the Utah State Office of Rehabilitation

**FRAUD STATEMENT:** "Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison."



160 East 300 South 3<sup>rd</sup> Floor P.O. Box 146610 Salt Lake City, Utah 84114-6610

Office: (801)-530-6800 Fax: (801)-530-6804 Toll Free: (800)-530-5090 [www.laborcommission.utah.gov](http://www.laborcommission.utah.gov)

If you want copy of an *Employee's Guide to Workers' Compensation* booklet or have questions, contact the Labor Commission or go to the webpage at [www.laborcommission.utah.gov](http://www.laborcommission.utah.gov).

Note: This notice must be posted and kept continuously in public and conspicuous places in the office, shop or place of business of the employer as per §34A-2-204 and §34A-2-104.5, Utah Code Annotated.

Rev 10/2019

**PRINT**



# OCCUPATIONAL SAFETY AND HEALTH PROTECTION

## Workplace Safety and Health in the State of Utah

### THIS NOTICE MUST BE POSTED IN THE WORKPLACE

The Utah Occupational Safety and Health Act of 1973 requires Utah employers to provide a safe and healthful workplace, free from recognized hazards that are likely to cause death or serious physical harm to employees. The Utah Occupational Safety and Health (UOSH) Division of the Utah Labor Commission, has the responsibility to administer the Utah Occupational Safety and Health Act.

### NOTICE TO EMPLOYEES

You have the **obligation to comply** with all workplace safety and health rules established by your employer.

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

You have the right **to request and to participate in a UOSH inspection** if you believe that there are unsafe or unhealthful conditions in your workplace.

You have the right to **file a complaint with UOSH** if you feel that your employer has retaliated against you for making safety or health complaints, or for exercising your rights under the Utah Occupational Safety and Health Act. Such whistleblower complaints must be filed within 30 days of the retaliation.

You have a right to **see all UOSH citations issued to your employer**. Your employer must post the citations at or near the place of the alleged violation. You may request an informal review of the abatement period granted to the employer.

You have the right to **know your employer is obligated to correct workplace hazards** by the date indicated on the citation and must certify that these hazards have been reduced or eliminated.

You have the right to **copies of your medical records** or records of your exposure to toxic and harmful substances or conditions.

### NOTICE TO EMPLOYERS

#### UTAH EMPLOYERS ARE REQUIRED TO PROVIDE EMPLOYEES A SAFE AND HEALTHFUL WORKPLACE

##### REPORTING REQUIREMENTS

Employers are required to notify UOSH at (801) 530-6901 **within 8 hours of occurrence of all fatalities, disabling, significant, and serious injuries or illnesses to workers**. You can call in your report 24 hours a day, 7 days a week. Tools, equipment, materials, or other evidence that might pertain to the cause of such accidents shall not be removed or destroyed until authorized by UOSH. You are also required to investigate all incidents of worker injuries and occupational illnesses.

##### REPORTING GUIDANCE

"Disabling and serious" includes, but is not limited to any injury or illness resulting in immediate admittance to the hospital, permanent or temporary impairment where part of the body is made functionally useless or is substantially reduced in efficiency and which would require treatment by a medical doctor, such as amputation, fracture, deep cuts, severe burns, electric shock, sight impairment, loss of consciousness, and concussions; illnesses that could shorten life or significantly reduce physical or mental efficiency inhibiting the normal function of a part of the body, such as cancer, silicosis, asbestosis, hearing impairment and visual impairment.

##### INSPECTIONS, CITATIONS, ASSESSED PENALTIES

UOSH may enter at reasonable times without delay any work place under its jurisdiction to conduct an inspection, investigation, or interview a reasonable number of employees to determine compliance with the Utah Act, rules and

PRINT

# OCCUPATIONAL SAFETY AND HEALTH PROTECTION

standards. If an employer is in violation of any of those rules or standards UOSH will promptly issue a Citation to notify them of the violation. A serious violation may be assessed a proposed penalty of up to \$7,000. Willful or Repeated violations may be assessed a proposed penalty up to \$70,000. Failure to correct or abate a violation may result in additional penalties not to exceed \$7,000 for each day each violation is not corrected.

## CONTESTS, APPEALS, INFORMAL REVIEW

The Utah Labor Commission will provide an adjudicative formal hearing with its Division of Adjudication, when an employer files a written notice of contest within 30 days of receipt of the citation. Upon expiration of that 30 day period, the citation and proposed penalties are final and not subject to review by any court or agency. Employers may also request an informal review of any citation, proposed penalty or abatement period. Informal reviews do not extend the 30 days in which an employer must file a written notice of contest for a formal hearing.

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To report a workplace fatality or injury, file a workplace safety complaint, or for assistance please call (801) 530-6901 or (800) 530-5090.

To file a safety complaint online or obtain more information about UOSH please visit our website at:

[www.laborcommission.utah.gov](http://www.laborcommission.utah.gov).

To obtain more information about safety and health in the workplace, please contact the Consultation Program at (801) 530-6855. Employers and employees may file a complaint about state program administration with the Occupational Safety and Health Administration (OSHA) at 1244 Speer Blvd., Suite 551 Denver, CO 80204.

**State of Utah Labor Commission**  
**Utah Occupational Safety and Health**  
**160 East 300 South, Third Floor**  
**PO Box 146650**  
**Salt Lake City, Utah 84114-6650**  
**(801) 530-6901**  
**Fax (801) 530-7606**  
**Toll-Free 1-800-530-5090**  
[www.laborcommission.utah.gov](http://www.laborcommission.utah.gov)

**Reporting Injuries**  
**Compliance Program**  
**Consultation Program**

**(801) 530-6901**  
**(801) 530-6901**  
**(801) 530-6855**



"Helping to ensure a safe and healthy workplace for every worker in the State of Utah"

Rev. 01.15.19



# FEDERAL MINIMUM WAGE

## EMPLOYEE RIGHTS UNDER THE FAIR LABOR STANDARDS ACT

# FEDERAL MINIMUM WAGE \$7.25

PER HOUR  
BEGINNING  
JULY 24, 2009

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

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

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

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

**PUMP AT WORK** The FLSA requires employers to provide reasonable break time for a nursing employee to express breast milk for their nursing child for one year after the child’s birth each time the employee needs to express breast milk. Employers must provide a place, other than a bathroom, that is shielded from view and free from intrusion from 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  
[www.dol.gov/agencies/whd](http://www.dol.gov/agencies/whd)



WH1088 REV 04/23

**PRINT**

# EEOC | KNOW YOUR RIGHTS: WORKPLACE DISCRIMINATION IS ILLEGAL



## Know Your Rights: Workplace Discrimination is Illegal

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

### Who is Protected?

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

### What Organizations are Covered?

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

### What Types of Employment Discrimination are Illegal?

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

- Race
- Color
- Religion
- National origin
- Sex (including pregnancy, childbirth, and related medical conditions, sexual orientation, or gender identity)
- Age (40 and older)
- Disability
- Genetic information (including employer requests for, or purchase, use, or disclosure of genetic tests, genetic services, or family medical history)

- Retaliation for filing a charge, reasonably opposing discrimination, or participating in a discrimination lawsuit, investigation, or proceeding
- Interference, coercion, or threats related to exercising rights regarding disability discrimination or pregnancy accommodation

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

All aspects of employment, including:

- Discharge, firing, or lay-off
- Harassment (including unwelcome verbal or physical conduct)
- Hiring or promotion
- Assignment
- Pay (unequal wages or compensation)
- Failure to provide reasonable accommodation for a disability; pregnancy, childbirth, or related medical condition; or a sincerely-held religious belief, observance or practice
- Benefits
- Job training
- Classification
- Referral
- Obtaining or disclosing genetic information of employees
- Requesting or disclosing medical information of employees
- Conduct that might reasonably discourage someone from opposing discrimination, filing a charge, or participating in an investigation or proceeding

- Conduct that coerces, intimidates, threatens, or interferes with someone exercising their rights, or someone assisting or encouraging someone else to exercise rights, regarding disability discrimination (including accommodation) or pregnancy accommodation

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

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

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

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

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

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

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



## EMPLOYERS HOLDING FEDERAL CONTRACTS OR SUBCONTRACTS

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

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

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

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

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

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

The Office of Federal Contract Compliance Programs (OFCCP)  
U.S. Department of Labor  
200 Constitution Avenue, N.W.  
Washington, D.C. 20210  
1-800-397-6251 (toll-free)

If you are deaf, hard of hearing, or have a speech disability, please dial 7-1-1 to access telecommunications relay services. OFCCP may also be contacted by submitting a question online to OFCCP's Help Desk at <https://ofccphelpdesk.dol.gov/s/>, or by calling an OFCCP regional or district office, listed in most telephone directories under U.S. Government, Department of Labor and on OFCCP's "Contact Us" webpage at <https://www.dol.gov/agencies/ofccp/contact>.

## PROGRAMS OR ACTIVITIES RECEIVING FEDERAL FINANCIAL ASSISTANCE

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

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

(Revised 6/27/2023)

**PRINT**

## 10 Utah Labor Laws

LaborLawCenter.com Questions? Learn more by calling 1-800-745-9970

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

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

**What is FMLA leave?** The Family and Medical Leave Act (FMLA) is a federal law that provides eligible employees with **job-protected leave** for qualifying family and medical reasons. The U.S. Department of Labor's Wage and Hour Division (WHD) enforces the FMLA for most employees.

Eligible employees can take **up to 12 workweeks** of FMLA leave in a 12-month period for:

- The birth, adoption or foster placement of a child with you,
- Your serious mental or physical health condition that makes you unable to work,
- To care for your spouse, child or parent with a serious mental or physical health condition, and
- Certain qualifying reasons related to the foreign deployment of your spouse, child or parent who is a military servicemember.

An eligible employee who is the spouse, child, parent or next of kin of a covered servicemember with a serious injury or illness **may take up to 26 workweeks** of FMLA leave in a single 12-month period to care for the servicemember.

You have the right to use FMLA leave in **one block of time**. When it is medically necessary or otherwise permitted, you may take FMLA leave **intermittently in separate blocks of time, or on a reduced schedule** by working less hours each day or week. Read Fact Sheet #28M(c) for more information.

FMLA leave is **not paid leave**, but you may choose, or be required by your employer, to use any employer-provided paid leave if your employer's paid leave policy covers the reason for which you need FMLA leave.

**Am I eligible to take FMLA leave?** You are an **eligible employee** if **all** of the following apply:

- You work for a covered employer,
- You have worked for your employer at least 12 months,
- You have at least 1,250 hours of service for your employer during the 12 months before your leave, and
- Your employer has at least 50 employees within 75 miles of your work location.

Airline flight crew employees have different "hours of service" requirements.

You work for a **covered employer** if **one** of the following applies:

- You work for a private employer that had at least 50 employees during at least 20 workweeks in the current or previous calendar year,
- You work for an elementary or public or private secondary school, or
- You work for a public agency, such as a local, state or federal government agency. Most federal employees are covered by Title II of the FMLA, administered by the Office of Personnel Management.

**How do I request FMLA leave?** Generally, **to request FMLA leave you must:**

- Follow your employer's normal policies for requesting leave,
- Give notice at least 30 days before your need for FMLA leave, or
- If advance notice is not possible, give notice as soon as possible.

You **do not have to share a medical diagnosis** but must provide enough information to your employer so they can determine whether the leave qualifies for FMLA protection. You **must also inform your employer if FMLA leave was previously taken** or approved for the same reason when requesting additional leave.

Your **employer may request certification** from a health care provider to verify medical leave and may request certification of a qualifying exigency.

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.

State employees may be subject to certain limitations in pursuit of direct lawsuits regarding leave for their own serious health conditions. Most federal and certain congressional employees are also covered by the law but are subject to the jurisdiction of the U.S. Office of Personnel Management or Congress.

**What does my employer need to do?** If you are eligible for FMLA leave, your **employer must:**

- Allow you to take job-protected time off work for a qualifying reason,
- Continue your group health plan coverage while you are on leave on the same basis as if you had not taken leave, and
- Allow you to return to the same job, or a virtually identical job with the same pay, benefits and other working conditions, including shift and location, at the end of your leave.

Your **employer cannot interfere with your FMLA rights** or threaten or punish you for exercising your rights under the law. For example, your employer cannot retaliate against you for requesting FMLA leave or cooperating with a WHD investigation.

After becoming aware that your need for leave is for a reason that may qualify under the FMLA, your **employer must confirm whether you are eligible** or not eligible for FMLA leave. If your employer determines that you are eligible, your **employer must notify you in writing:**

- About your FMLA rights and responsibilities, and
- How much of your requested leave, if any, will be FMLA-protected leave.

**Where can I find more information?**

Call **1-866-487-9243** or visit [dol.gov/fmla](https://dol.gov/fmla) to learn more.

If you believe your rights under the FMLA have been violated, you may file a complaint with WHD or file a private lawsuit against your employer in court. **Scan the QR code to learn about our WHD complaint process.**



WAGE AND HOUR DIVISION  
UNITED STATES DEPARTMENT OF LABOR

SCAN ME



WH1420 REV 04/23

# USERRA - UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT



## YOUR RIGHTS UNDER USERRA

### THE UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT

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

#### REEMPLOYMENT RIGHTS

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

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

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

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

If you:

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

then an employer may not deny you:

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

because of this status.

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

#### HEALTH INSURANCE PROTECTION

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

#### ENFORCEMENT

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

Publication Date — May 2022

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



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



U.S. Department of Justice



Office of Special Counsel



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



# EMPLOYEE POLYGRAPH PROTECTION ACT

## EMPLOYEE RIGHTS EMPLOYEE POLYGRAPH PROTECTION ACT

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

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

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

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

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

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



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

**1-866-487-9243**  
[www.dol.gov/agencies/whd](http://www.dol.gov/agencies/whd)



WH1462 REV 02/22

**PRINT**



## 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 a confidential OSHA inspection of your workplace if you believe there are unsafe or unhealthy conditions. 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

### 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.
- Notify OSHA within 8 hours of a workplace fatality or within 24 hours of any work-related inpatient hospitalization, amputation, or loss of an eye.
- 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.

**PRINT**



# OSHA | OCCUPATIONAL SAFETY AND HEALTH ACT (Continued)

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.

On-Site Consultation services are available to small and medium-sized employers, without citation or penalty, through OSHA-supported consultation programs in every state.

*This poster is available free from OSHA.*

**Contact OSHA. We can help.**



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

OSHA 3165 OAR 2019

**PRINT**

## ANTI-DISCRIMINATION NOTICE

It is illegal to discriminate against work authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

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

**PRINT**

# WITHHOLDING STATUS

## YOU MAY NEED TO CHECK YOUR WITHHOLDING

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

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

**Were there major changes to...**

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

**If you can answer “YES”...**

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

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

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



**PRINT**

# PAYDAY NOTICE

## Regular Paydays for Employees of

\_\_\_\_\_  
(Company Name)

**Shall be as follows:**

☐

**Weekly**

☐

**Bi-Weekly**

☐

**Monthly**

☐

**Other**

\_\_\_\_\_

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

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

**PRINT**

# ACKNOWLEDGEMENT

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

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

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

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

Comments:

**SUBMIT ACKNOWLEDGEMENT**

**PRINT**