

NEW YORK CORRECTION LAW  
ARTICLE 23-A

LICENSURE AND EMPLOYMENT OF PERSONS PREVIOUSLY  
CONVICTED OF ONE OR MORE CRIMINAL OFFENSES

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**§750. Definitions.** For the purposes of this article, the following terms shall have the following meanings:

(1) "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission.

(2) "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.

(3) "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question.

(4) "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.

(5) "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purposes of this article, include membership in any law enforcement agency.

**§751. Applicability.** The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.

**§752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.** No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable, shall be denied or acted upon adversely by reason of the individual's having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of "good moral character" when such finding is based upon the fact that the individual has previously been convicted of one or more criminal offenses, unless:

(1) There is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or

(2) the issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.

**§753. Factors to be considered concerning a previous criminal conviction; presumption.** 1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:

(a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.

(b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.

(c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.

(d) The time which has elapsed since the occurrence of the criminal offense or offenses.

(e) The age of the person at the time of occurrence of the criminal offense or offenses.

(f) The seriousness of the offense or offenses.

(g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.

(h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.

2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

**§754. Written statement upon denial of license or employment.** At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

**§755. Enforcement.** 1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules.

2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.

STATE OF NEW YORK  
**WORKERS' COMPENSATION BOARD**  
**NOTICE OF COMPLIANCE**

New York State Disability Benefits

**Disability Benefits For Employees**

1. If you are unable to work because of an illness or injury, not work-related, you may be entitled to receive weekly benefits from your employer, his or her insurance carrier, or from the Special Fund for Disability Benefits.
2. To claim benefits you must file a claim form within 30 days from the first date of your disability, but in no event more than 26 weeks from such date.
3. Complete claim form DB-450 (Notice and Proof of Claim for Disability Benefits)  
You may obtain the form from your employer, his or her insurance carrier, your health provider, any Unemployment Insurance Office, the Workers' Compensation Board's website ([www.wcb.ny.gov](http://www.wcb.ny.gov)) or any office of the Board.  
**IMPORTANT:** Before filing your claim, your health provider must complete the "Health Care Provider's Statement" on the form showing your period of disability.
  - If you are employed, or have been unemployed for four weeks or less when your disability begins, send the completed form to your employer or the insurance carrier named below.
  - If you have been unemployed more than four weeks when your disability begins, send the completed form to the Workers' Compensation Board, Disability Benefits Bureau, 328 State Street, Schenectady, New York 12305.
4. You are entitled to be treated by any physician, chiropractor, dentist, nurse-midwife, podiatrist or psychologist of your choice. However, unlike workers' compensation, your medical bills will not be paid unless your employer and/or union provide for the payment of such bills under a Disability Benefits Plan or Agreement.
5. If you are ill or injured during the time you are receiving Unemployment Insurance Benefits, file a claim for Disability Benefits as soon as you sustain the injury or illness, by following the instructions outlined above.
6. If you are out of work in excess of seven days, your employer is required to send you a Disability Benefits Statement of Rights (Form DB-271S).
7. You may not take disability benefits at the same time as paid family leave benefits. The total amount of disability and paid family leave in a 52 week period cannot exceed 26 weeks.
8. Other information about disability benefits may be obtained by writing or calling the Workers' Compensation Board.

SHELTERPOINT LIFE INSURANCE COMPANY  
1225 FRANKLIN AVENUE, STE 475  
GARDEN CITY, NY 11530

PHONE: 800-365-4999

Policy #: DBL589700

Effective From: 1/1/2022

To: 12/31/2023

☒ Statutory ☐ Under a Plan or Agreement

Class(es) of Employees Covered:

All Employees Eligible Under New York State Disability Benefits Law

NYS Workers' Compensation Board  
Customer Service: (877) 632-4996  
[www.wcb.ny.gov](http://www.wcb.ny.gov)

**PRESCRIBED BY THE CHAIR, WORKERS' COMPENSATION BOARD**  
**THIS NOTICE MUST BE POSTED CONSPICUOUSLY IN AND ABOUT THE EMPLOYER'S PLACE OR PLACES OF BUSINESS.**  
Employers must post DB-120 so that all classes of their employees know who will pay their benefits.



## Paid Family Leave

# NOTICE TO EMPLOYEES

Paid Family Leave Insurance  
Coverage Provided by:

SHELTERPOINT LIFE INSURANCE COMPANY

Covering Employees of:

HCR CARE MANAGEMENT LLC

### Paid Family Leave is insurance that provides job protected paid time off to:

- **Bond** with a newly born, adopted, or fostered child
- **Care** for a family member with a serious health condition
- **Assist** loved ones when a family member is deployed abroad on active military service

### How to File:

- **Notify** your employer at least 30 days in advance, if foreseeable, or as soon as possible
- **Submit** the Request for Paid Family Leave form to your employer
- **Complete** and attach the additional documentation as instructed on the request form and submit to the insurance carrier listed below

**Employers should NEVER discriminate or retaliate against anyone who requests or takes leave**

FOR MORE INFORMATION AND HELP:  
Visit **ny.gov/PaidFamilyLeave**  
or call **(844) 337-6303**

*You can get forms to take Paid Family Leave from*

- Your employer,
- The insurance carrier below, or
- [ny.gov/PaidFamilyLeave](https://ny.gov/PaidFamilyLeave)

SHELTERPOINT LIFE INSURANCE COMPANY  
1225 FRANKLIN AVENUE, STE 475  
GARDEN CITY, NY 11530  
PHONE: 800-365-4999

Policy #: DBL589700 Effective From: 1/1/2022 To: 12/31/2023

☒ Statutory ☐ Under a Plan or Agreement

Class(es) of Employees Covered:  
All Employees Eligible Under New York State Disability Benefits Law

### NOTICE OF COMPLIANCE

PRESCRIBED BY THE CHAIR, WORKERS' COMPENSATION BOARD

THIS NOTICE MUST BE POSTED CONSPICUOUSLY IN AND ABOUT THE EMPLOYER'S PLACE OR PLACES OF BUSINESS.



THIS ESTABLISHMENT IS SUBJECT TO THE NEW YORK STATE HUMAN RIGHTS LAW (EXECUTIVE LAW, ARTICLE 15)

DISCRIMINATION BASED UPON AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEXUAL ORIENTATION, MILITARY STATUS, SEX, PREGNANCY, GENDER IDENTITY OR EXPRESSION, DISABILITY OR MARITAL STATUS IS PROHIBITED BY THE NEW YORK STATE HUMAN RIGHTS LAW. SEXUAL HARASSMENT OR HARASSMENT BASED UPON ANY OF THESE PROTECTED CLASSES ALSO IS PROHIBITED.

**ALL EMPLOYERS (until February 8, 2020, only employers with 4 or more employees are covered), EMPLOYMENT AGENCIES, LABOR ORGANIZATIONS AND APPRENTICESHIP TRAINING PROGRAMS**

Also prohibited: discrimination in employment on the basis of Sabbath observance or religious practices; hairstyles associated with race (also applies to all areas listed below); prior arrest or conviction record; predisposing genetic characteristics; familial status; pregnancy-related conditions; domestic violence victim status.

Reasonable accommodations for persons with disabilities and pregnancy-related conditions including lactation may be required. A reasonable accommodation is an adjustment to a job or work environment that enables a person with a disability to perform the essential functions of a job in a reasonable manner.

Also covered: domestic workers are protected from harassment and retaliation; interns and nonemployees working in the workplace (for example temp or contract workers) are protected from all discrimination described above.

**RENTAL, LEASE OR SALE OF HOUSING, LAND AND COMMERCIAL SPACE, INCLUDING ACTIVITIES OF REAL ESTATE BROKERS AND SALES PEOPLE**

Also prohibited: discrimination on the basis of lawful source of income (for example housing vouchers, disability benefits, child support); familial status (families with children or being pregnant); prior arrest or sealed conviction; commercial boycotts or blockbusting  
Reasonable accommodations and modifications for persons with disabilities may also be required.

Does not apply to:

- (1) rental of an apartment in an owner-occupied two-family house
- (2) restrictions of all rooms in a housing accommodation to individuals of the same sex
- (3) rental of a room by the occupant of a house or apartment
- (4) sale, rental, or lease of accommodations of housing exclusively to persons 55 years of age or older, and the spouse of such persons

**ALL CREDIT TRANSACTIONS INCLUDING FINANCING FOR PURCHASE, MAINTENANCE AND REPAIR OF HOUSING**

**PLACES OF PUBLIC ACCOMMODATION SUCH AS RESTAURANTS, HOTELS, HOSPITALS AND MEDICAL OFFICES, CLUBS, PARKS AND GOVERNMENT OFFICES**

Exception:  
Age is not a covered classification relative to public accommodations.  
Reasonable accommodations for persons with disabilities may also be required.

**EDUCATION INSTITUTIONS**

All public schools and private nonprofit schools, at all education levels, excluding those run by religious organizations.

**ADVERTISING AND APPLICATIONS RELATING TO EMPLOYMENT, REAL ESTATE, PLACES OF PUBLIC ACCOMMODATION AND CREDIT TRANSACTIONS MAY NOT EXPRESS ANY DISCRIMINATION**

If you wish to file a formal complaint with the Division of Human Rights, you must do so within one year after the discrimination occurred. The Division's services are provided free of charge.

If you wish to file a complaint in State Court, you may do so within three years of the discrimination. You may not file both with the Division and the State Court.

**Retaliation for filing a complaint or opposing discriminatory practices is prohibited. You may file a complaint with the Division if you have been retaliated against.**

FOR FURTHER INFORMATION, WRITE OR CALL THE DIVISION'S NEAREST OFFICE. HEADQUARTERS:  
ONE FORDHAM PLAZA, 4TH FLOOR, BRONX, NY 10458

ESTE ESTABLECIMIENTO ESTÁ SUJETO A LA LEY DE DERECHOS HUMANOS DEL ESTADO DE NUEVA YORK (LEY EJECUTIVA, SECCIÓN 15)

LA LEY DE DERECHOS HUMANOS DEL ESTADO DE NUEVA YORK PROHÍBE LA DISCRIMINACIÓN POR EDAD, RAZA, CREDO, COLOR, ORIGEN NACIONAL, ORIENTACIÓN SEXUAL, ESTATUS MILITAR, SEXO, EMBARAZO, IDENTIDAD O EXPRESIÓN DE GÉNERO, DISCAPACIDAD O ESTADO CIVIL. TAMBIÉN ESTÁ PROHIBIDO EL ACOSO SEXUAL O EL ACOSO POR CUALQUIERA DE ESTAS CLASES PROTEGIDAS.

**TODOS LOS EMPLEADORES (hasta el 8 de febrero de 2020, solo los empleadores de cuatro o más personas), AGENCIAS DE EMPLEO, ORGANIZACIONES DE TRABAJO Y PROGRAMAS DE CAPACITACIÓN DE APRENDICES**

Asimismo, está prohibida la discriminación en el empleo sobre la base de la observancia del Shabat o prácticas religiosas; peinados asociados con la raza (también se aplica a las áreas enumeradas a continuación) arresto previo o antecedentes penales; las características genéticas predisponentes; el estado civil; las condiciones relacionadas con el embarazo.

Es posible que sea necesario hacer acomodos razonables para personas con discapacidades y condiciones relacionadas con el embarazo incluyendo lactación. Un arreglo razonable es una adaptación a un trabajo o entorno laboral que permita que una persona con discapacidad realice las tareas esenciales de un trabajo de manera razonable.

También están cubiertos: trabajadores domésticos están protegidos en casos acoso y represalias; internos y no empleados cuales trabajan en el lugar de trabajo (por ejemplo trabajadores temporarios o contratantes) están protegidos de toda discriminación descrita arriba.

**ALQUILER, ARRENDAMIENTO O VENTA DE VIVIENDA, TERRENO O ESPACIO COMERCIAL INCLUYENDO ACTIVIDADES DE AGENTE DE BIENES RAÍCES Y VENDEDORES**

También esta prohibido: la discriminación a base de fuente de ingreso legal (por ejemplo vales, beneficios de discapacidad, manutención de niños); estado familiar (familias con niños o en estado de embarazo); arresto previo o condena sellada; boicot comercial o acoso inmobiliario.  
También es posible que sea necesario realizar modificaciones y arreglos razonables para personas con discapacidades.  
Excepciones:  
(1) alquiler de un apartamento en una casa para dos familias ocupada por el dueño  
(2) restricciones de todas las habitaciones en una vivienda para individuos del mismo sexo  
(3) alquiler de una habitación por parte del ocupante de una casa o apartamento  
(4) venta, alquiler o arrendamiento de alojamiento en una casa exclusivamente a personas mayores de 55 años y al cónyuge de dichas personas

También se prohíbe: discriminación en vivienda sobre la base del estado civil (por ejemplo, familias con hijos).

**TODAS TRANSACCIONES CREDITICIAS INCLUYENDO FINANCIAMIENTO PARA LA COMPRA, MANTENIMIENTO Y REPARACION DE VIVIENDAS**

**LUGARES DE ALOJAMIENTO PÚBLICO, COMO RESTAURANTES, HOTELES, HOSPITALES Y CONSULTORIOS MÉDICOS, CLUBS, PARQUES Y OFFICINAS DEL GOBIERNO.**

Excepción:  
La edad no es una clasificación cubierta respecto a los alojamientos públicos.  
Es posible que sea necesario realizar arreglos razonables para personas con discapacidades.

**INSTITUCIONES EDUCATIVAS**

Todas las escuelas publicas y escuelas privadas sin ánimo de lucro, en todos los niveles, excluyendo escuelas dirigidas por organizaciones religiosas.

**PUBLICIDAD Y SOLICITUDES RELACIONADAS CON EL EMPLEO, LOS INMUEBLES, LOS LUGARES DE ALOJAMIENTO PÚBLICO Y LAS TRANSACCIONES CREDITICIAS NO DEBEN EXPRESAR NINGUN ACTO DISCRIMINATORIO**

Si desea presentar una demanda formal ante la División de Derechos Humanos, debe hacerlo dentro de un año desde que ocurra la discriminación. Los servicios de la División se ofrecen sin cargo.

Si desea presentar una demanda ante el Tribunal Estatal, puede hacerlo dentro de los tres años desde que ocurriera la discriminación. No puede presentar una demanda ante la División y ante el Tribunal Estatal.

**Se prohíben las represalias por presentar una demanda u oponerse a prácticas discriminatorias. Puede presentar una demanda ante la División si sufrió represalias.**

PARA OBTENER MÁS INFORMACIÓN, ESCRIBA O LLAME A LA OFICINA MÁS CERCANA DE LA DIVISIÓN. OFICINA CENTRAL:  
ONE FORDHAM PLAZA. 4TH FLOOR, BRONX, NY 10458

# **WE ARE YOUR DOL**



## **New York State Department of Labor Division of Labor Standards**

### **Guidelines Regarding the Rights of Nursing Mothers to Express Breast Milk in the Work Place**

Section 206-c of the New York State Labor Law provides as follows:

#### **Right of Nursing Mothers to Express Breast Milk.**

An employer shall provide reasonable unpaid break time or permit an employee to use paid break time or meal time each day to allow an employee to express breast milk for her nursing child for up to three years following child birth. The employer shall make reasonable efforts to provide a room or other location, in close proximity to the work area, where an employee can express milk in privacy. No employer shall discriminate in any way against an employee who chooses to express breast milk in the workplace.

This law is applicable to all public and private employers in New York State, regardless of the size or nature of their business. In administering this statute, the Department applies the following interpretations and guidelines:

#### **I. Notice**

A. Employers shall provide written notification of the provisions of Labor Law §206-c to employees who are returning to work, following the birth of a child, and their right to take unpaid leave for the purpose of expressing breast milk. Such notice may either be provided individually to affected employees or to all employees generally through publication of such notice in the employee handbook or posting of the notice in a central location.

B. An employee wishing to avail herself of this benefit is required to give her employer advance notice. Such notice shall preferably be provided to the employer prior to the employee's return to work following the birth of the child in order to allow the employer an opportunity to establish a location and schedule leave time amongst multiple employees if needed.

#### **II. Reasonable Unpaid Break Time**

A. Reasonable unpaid break time is sufficient time to allow the employee to express breast milk. Each break shall generally be no less than twenty minutes. If the room or other location is not in close proximity to the employee's work station (e.g. as in a shared work location with a common lactation room) each break shall generally be no less than thirty minutes. Employees can elect to take shorter unpaid breaks for this purpose.



B. The number of unpaid breaks an employee will need to take for expression purposes varies depending on the amount of time the employee is separated from the nursing infant and the mother's physical needs. In most circumstances, employers shall provide unpaid break time at least once every three hours if requested by the employee.

C. Upon election of the employee, unpaid break time may run concurrently with regularly scheduled paid break or meal periods.

D. Upon election of the employee, an employer shall allow the employee to work before or after her normal shift to make up the amount of time used during the unpaid break time(s) for the expression of breast milk so long as such additional time requested falls within the employer's normal work hours.

E. This benefit is available to the employee during their basic work week and any overtime or additional hours worked.

F. An employee may be required to postpone scheduled unpaid break time for no more than thirty minutes if she cannot be spared from her duties until appropriate coverage arrives.

### III. Reasonable Efforts and Privacy

A. All employers are required to make reasonable efforts to provide a private room or other location for the purpose of expression of breast milk. "Reasonable effort" requires that the room or other location must be provided for use of employees expressing breast milk so long as it is neither significantly impracticable, inconvenient, or expensive to the employer to do so. Relevant factors in determining significant impracticability, inconvenience, or expense include but are not limited to:

1. The nature of work performed at the business;
2. The overall size and physical layout of the business;
3. The type of facility where the business is housed;
4. The size and composition of the employer's workforce;
5. The business' general hours of operation and the employees' normal work shifts;
6. The relative cost of providing a room or other space for the dedicated purpose.

B. The room or location provided by the employer for this purpose cannot be a restroom or toilet stall.

C. An employer may dedicate one room or other location for the expression of breast milk and establish a schedule to accommodate the needs of multiple employees needing access thereto.

D. An employer who is unable to provide a dedicated lactation room or other location under these guidelines, may allow the use of a vacant office or other available room on a temporary basis for the expression of breast milk, provided the room is not accessible to the public or other employees while the nursing employee is using the room for expression purposes.

E. As a last resort, an employer who is unable to provide a dedicated lactation room or other location under these guidelines may make available a cubicle for use by individuals expressing breast milk, provided the cubicle is fully enclosed with a partition and is not otherwise accessible to the public or other employees while it is in use for expression purposes. The cubicle walls shall be at least seven feet tall to insure the nursing employee's privacy.

F. Each room or other location used for the expression of breast milk under these guidelines shall be well lit at all times through either natural or artificial light. If the room has a window, it shall be covered with a curtain, blind, or other covering to ensure privacy for the mother as she is expressing

breast milk. The room shall contain, at a minimum, a chair and small table, desk, counter, or other flat surface. In addition, employers are encouraged to provide an outlet, clean water supply, and access to refrigeration for the purposes of storing the expressed milk.

G. An employer is not responsible for insuring the safekeeping of expressed milk stored in any refrigerator on its premises. The employee is required to store all expressed milk in closed containers, regardless of the method of storage and to bring such milk home with her each evening.

H. The employer must maintain the cleanliness of the room or location set aside for the use of employees expressing breast milk at work.

I. An employer may not deny an employee this benefit due to difficulty in finding a location for purposes of the same.

J. For the purposes of this provision: "Private" shall mean that the room or other location shall not be open to other individuals frequenting the business, whether as employees, customers, or other members of the public. To insure privacy, the room or location should have a door equipped with a functional lock. If a door with a functional lock is not available (in the case of a fully enclosed cubicle) as a last resort an employer must utilize a sign advising the room or location is in use and not accessible to other employees or the public.

#### IV. Close Proximity

A. Any room or location provided for the expression of breast milk must be in close proximity to the work area of the employee(s) using it for the expression of breast milk.

B. Close proximity means the room or location must be in walking distance and the distance to the location should not appreciably lengthen the break time.

C. Should an employer have more than one employee at a time needing access to a lactation room or other location, the employer may dedicate a centralized location for use by all such employees, provided however, that the employer shall make every effort to locate such space at a reasonable distance from the employees using it.

D. Employers located in shared work areas such as office buildings, malls, and similar premises may cooperate with one another to establish and maintain a dedicated lactation room, provided however, that such rooms must be located at a reasonable distance from the employees using the room. Each employer utilizing such common dedicated lactation room will retain individual responsibility for ensuring that it meets all the requirements of these guidelines with regard to their employees. Use of a common dedicated lactation room pursuant to this paragraph will not reduce, mitigate, or otherwise affect the employer's obligations under these guidelines.

#### V. Non-Discrimination

No employer shall discriminate in any way against an employee who chooses to express breast milk in the workplace. Encouraging or allowing a work environment that is hostile to the right of nursing mothers to take leave for the purpose of expressing breast milk could constitute discrimination within the meaning of this section of the guidelines.

#### VI. Suggested Employer Activities

A. In addition to the activities set forth in the guidelines above, an employer may consider implementing one or more of the following activities in connection with the needs of employees who are breast feeding children:

1. Providing educational information in the lactation room or area regarding the benefits of breastfeeding and tips on expressing and storing breast milk including posters, newsletters, books, and referral information to health education programs about breastfeeding.
2. Allowing flexible work hours, job sharing, and/or part-time scheduling to accommodate employees with children of nursing age.
3. Providing an easily accessible sink to wash tubing used for pumping breast milk.
4. Allowing mothers of nursing children attending on-site day care to take breaks to breast feed in lieu of pumping.
5. Providing a listing of lactation consultants whom breastfeeding mothers could contact for assistance.
6. Including protection for pregnant and breastfeeding mothers in the company's sexual harassment policy.
7. Designation of a breastfeeding coordinator to allow consistent and coordinated implementation of this benefit in the workplace.

B. Not all questions can be anticipated; therefore these guidelines may not cover all situations that may arise. For additional assistance or information please contact the Division of Labor Standards office nearest you.

**Albany District**

State Office Campus  
Bldg. 12 Room 185A  
Albany, NY 12240  
(518) 457-2730

**Binghamton**

Sub-District  
44 Hawley Street  
Binghamton, NY 13901  
(607) 721-8014

**New York City District**

75 Varick Street  
7th Floor  
New York, NY 10013  
(212) 775-3880

**Garden City District**

400 Oak Street  
Suite 101  
Garden City, NY 11530  
(516) 794-8195

**Buffalo District**

65 Court Street  
Room 202  
Buffalo, NY 14202  
(716) 847-7141

**Rochester**

Sub-District  
276 Waring Road  
Room 104  
Rochester, NY 14609  
(585) 258-4550

**Syracuse District**

333 East Washington Street  
Room 121  
Syracuse, NY 13202  
(315) 428-4057

**White Plains District**

120 Bloomingdale Road  
White Plains, NY 10605  
(914) 997-9521

DOL WEBSITE HOMEPAGE

<http://www.labor.ny.gov>



## Summary of New York State Child Labor Law, Permitted Working Hours for Minors Under 18 Years of Age

Age of Minor Girls and Boys	Industry or Occupation	Maximum			Permitted Hours
		Daily Hours	Weekly Hours	Days per Week	
Attending School, When school is in session:	14 and 15 All occupations except farm work, newspaper carrier and street trades	3 hours on school days. 8 hours on other days.	18 <sup>1</sup>	6	7 AM to 7 PM
	16 and 17 All occupations except farm work, newspaper carrier and street trades.	4 hours on days preceding school days: Monday, Tuesday, Wednesday, Thursday <sup>2</sup> . 8 hours on: Friday, Saturday, Sunday and Holidays. <sup>4</sup>	28 <sup>4</sup>	6 <sup>4</sup>	6 AM to 10 PM <sup>3</sup>
Attending School, When school is not in session (vacation):	14 and 15 All occupations except farm work, newspaper carrier and street trades.	8 hours	40	6	7 AM to 9 PM June 21 to Labor Day
	16 and 17 All occupations except farm work, newspaper carrier and street trades	8 hours <sup>4</sup>	48 <sup>4</sup>	6 <sup>4</sup>	6 AM to Midnight <sup>4</sup>
Not Attending School:	16 and 17 All occupations except farm work, newspaper carrier and street trades	8 hours <sup>4</sup>	48 <sup>4</sup>	6 <sup>4</sup>	6 AM to Midnight <sup>4</sup>
	Farm Work:	4 hours	—	—	June 21 to Labor Day, 7 AM to 7 PM. Day after Labor Day to June 20, 9 AM to 4 PM.
Newspaper Carriers:	11 to 18 Delivers, or sells and delivers newspapers, shopping papers or periodicals to homes or business places.	4 hours on school days. 5 hours on other days.	—	—	5 AM to 7 PM or 30 minutes prior to sunset, whichever is later
	Street Trades:	4 hours on school days. 5 hours on other days.	—	—	6 AM to 7 PM

<sup>1</sup> Students 14 and 15 enrolled in an approved work/study program may work 3 hours on a school day, 23 hours in any one-week when school is in session.

<sup>2</sup> Students 16 and 17 enrolled in an approved Cooperative Education Program may work up to 6 hours on a day preceding a school day other than a Sunday or Holiday when school is in session, as long as the hours are in conjunction with the Program.

<sup>3</sup> 6 AM to 10 PM or until midnight with written parental and educational authorities consent on day preceding a school day and until midnight on day preceding a non-school day with written parental consent.

<sup>4</sup> This provision does not apply to minors employed in resort hotels or restaurants in resort areas.

## Additional Child Labor Law Information

**The Employer must post a schedule of work hours for minors under 18 years old in the establishment.**

**An Employment Certificate (Working Paper)** is required for all employed minors under 18 years old.

### Penalties for Child Labor Laws violations:

- First violation: maximum \$1,000\*
- Second violation: maximum \$2,000\*
- Third or more violations: maximum \$3,000\*

\*If a minor is seriously injured or dies while illegally employed, the penalty is three times the maximum penalty.

Also, Section 14A of the Workers' Compensation Law provides double compensation and death benefits for minors illegally employed.

Note: There are many prohibited occupations for minors in New York State.

**For more information about New York State Child Labor Laws and provisions** please visit the Department of Labor's website at <http://www.labor.ny.gov>. If you have questions, please send them to one of the offices listed below at:

### New York State Department of Labor, Division of Labor Standards:

<b>Albany District</b> State Office Campus Bldg. 12 Room 185A Albany, NY 12240 (518) 457-2730	<b>Buffalo District</b> 290 Main Street Room 226 Buffalo, NY 14202 (716) 847-7141	<b>Garden City District</b> 400 Oak Street Suite 101 Garden City, NY 11530 (516) 794-8195	<b>New York City District</b> 75 Varick Street 7th Floor New York, NY 10013 (212) 775-3880
<b>Rochester</b> Sub-District 276 Waring Road Room 104 Rochester, NY 14609 (585) 258-4550	<b>Syracuse District</b> 333 East Washington Street Room 121 Syracuse, NY 13202 (315) 428-4057	<b>White Plains District</b> 120 Bloomingdale Road White Plains, NY 10605 (914) 997-9521	

## **Equal Pay Provision of the New York State Labor Law**

### **Article 6, Section 194**

§ 194. Differential in rate of pay because of protected class status prohibited.

1. No employee with status within one or more protected class or classes shall be paid a wage at a rate less than the rate at which an employee without status within the same protected class or classes in the same establishment is paid for: (a) equal work on a job the performance of which requires equal skill, effort and responsibility, and which is performed under similar working conditions, or (b) substantially similar work, when viewed as a composite of skill, effort, and responsibility, and performed under similar working conditions; except where payment is made pursuant to a differential based on:

(i) a seniority system;

(ii) a merit system;

(iii) a system which measures earnings by quantity or quality of production;

(iv) a bona fide factor other than status within one or more protected class or classes, such as education, training, or experience. Such factor:

(A) shall not be based upon or derived from a differential in compensation based on status within one or more protected class or classes and

(B) shall be job-related with respect to the position in question and shall be consistent with business necessity. Such exception under this paragraph shall not apply when the employee demonstrates

(1) that an employer uses a particular employment practice that causes a disparate impact on the basis of status within one or more protected class or classes,

(2) that an alternative employment practice exists that would serve the same business purpose and not produce such differential, and

(3) that the employer has refused to adopt such alternative practice.

2. For the purpose of subdivision one of this section:

(a) "business necessity" shall be defined as a factor that bears a manifest relationship to the employment in question, and

(b) "protected class" shall include age, race, creed, color, national origin, sexual orientation, gender identity or expression, military status, sex, disability, predisposing genetic characteristics, familial status, marital status, or domestic violence victim status, and any employee protected from discrimination pursuant to paragraphs (a), (b), and (c) of subdivision one of section two hundred ninety-six and any intern protected from discrimination pursuant to section two hundred ninety-six-c of the executive law.

3. For the purposes of subdivision one of this section, employees shall be deemed to work in the same establishment if the employees work for the same employer at workplaces located in the same geographical region, no larger than a county, taking into account population distribution, economic activity, and/or the presence of municipalities.

4. (a) No employer shall prohibit an employee from inquiring about, discussing, or disclosing the wages of such employee or another employee.

(b) An employer may, in a written policy provided to all employees, establish reasonable workplace and workday limitations on the time, place and manner for inquires about, discussion of, or the disclosure of wages. Such limitations shall be consistent with standards promulgated by the commissioner and shall be consistent with all other state and federal laws. Such limitations may include prohibiting an employee from discussing or disclosing the wages of another employee without such employee's prior permission.

(c) Nothing in this subdivision shall require an employee to disclose his or her wages. The failure of an employee to adhere to such reasonable limitations in such written policy shall be an affirmative defense to any claims made against an employer under this subdivision, provided that any adverse employment action taken by the employer was for failure to adhere to such reasonable limitations and not for mere inquiry, discussion or disclosure of wages in accordance with such reasonable limitations in such written policy.

(d) This prohibition shall not apply to instances in which an employee who has access to the wage information of other employees as a part of such employee's essential job functions discloses the wages of such other employees to individuals who do not otherwise have access to such information, unless such disclosure is in response to a complaint or charge, or in furtherance of an investigation, proceeding, hearing, or action under this chapter, including an investigation conducted by the employer.

(e) Nothing in this section shall be construed to limit the rights of an employee provided under any other provision of law or collective bargaining agreement.

For questions, write or call your nearest office, (listed below), of the:

**New York State Department of Labor  
Division of Labor Standards**

**Albany District**

State Office Campus  
Bldg. 12, Rm. 185A  
Albany, NY 12240  
(518) 457-2730

**Buffalo District**

290 Main Street, Rm. 226  
Buffalo, NY 14202  
(716) 847-7141

**Garden City District**

400 Oak Street, Suite 101  
Garden City, NY 11530  
(516) 794-8195

**New York City District**

75 Varick Street, 7th Floor  
New York, NY 10013  
(212) 775-3880

**Rochester Sub-District**

276 Waring Road, Rm. 104  
Rochester, NY 14609  
(585) 258-4550

**Syracuse District**

333 East Washington Street,  
Rm. 121  
Syracuse, NY 13202  
(315) 428-4057

**White Plains District**

120 Bloomingdale Road  
White Plains, NY 10605  
(914) 997-9521



# 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

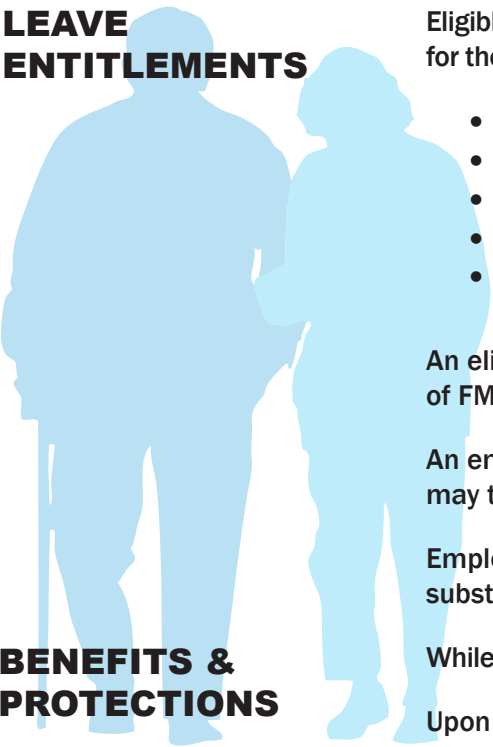
1-866-487-9243  
TTY: 1-877-889-5627  
[www.dol.gov/whd](http://www.dol.gov/whd)



# EMPLOYEE RIGHTS 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 one 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.

## BENEFITS & PROTECTIONS

## ELIGIBILITY REQUIREMENTS

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

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

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

## REQUESTING LEAVE

Generally, employees must give 30-days’ advance notice of the need for FMLA leave. If it is not possible to give 30-days’ notice, an employee must notify the employer as soon as possible and, generally, follow the employer’s usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

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.

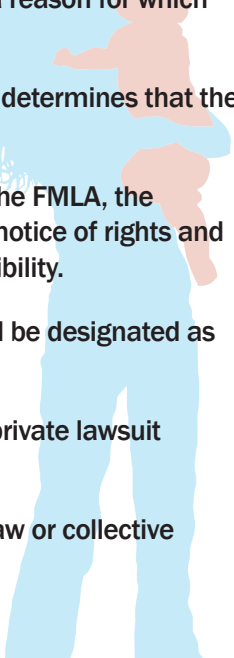
Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

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.

## 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**

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



## **Guidelines for Employers: Requirements to Notify Employees About Time Off and Work Hours**

**Section 195.5 of the New York State Labor Law effective December 12, 1981 provides as follows:**

*“Every employer shall notify his employees in writing or by publicly posting the employer’s policy on sick leave, vacation, personal leave, holidays and hours.”*

**To assist employers in complying with this provision, the Division of Labor Standards has issued the following guidelines:**

1. An employer shall distribute in writing to each employee, the employer’s policy on the above- enumerated items. The employer upon the request of the Department must be able to affirmatively demonstrate that such written notification was provided to employees by means, which may include, but not be limited to, distribution through company newspapers or newsletters or by inclusion in a company payroll.

*Or*

An employer shall post and keep posted in each establishment in a conspicuous place where notices to employees are customarily posted, a notice that states where on the employer’s premises they may see such information in writing. Such information may be contained in a union contract, employee handbook, personnel manual, or in other written form. Deviations for an employee from such stated policy must be given to said employee in writing.

2. As used in the provision above, “hours” means the hours which constitute a standard workday and workweek for the establishment, and any other regular schedule, such as for part-time employees. Deviations should be given to the affected employee in writing.

For more information, call or write the nearest office of the Division of Labor Standards,  
of the New York State Department of Labor, listed below:

**Albany District**  
State Office Campus  
Bldg. 12 Room 185A  
Albany, NY 12240  
(518) 457-2730

**Binghamton**  
Sub-District  
44 Hawley Street  
Binghamton, NY 13901  
(607) 721-8014

**New York City District**  
75 Varick Street  
7th Floor  
New York, NY 10013  
(212) 775-3880

**Garden City District**  
400 Oak Street  
Suite 101  
Garden City, NY 11530  
(516) 794-8195

**Buffalo District**  
65 Court Street  
Room 202  
Buffalo, NY 14202  
(716) 847-7141

**Rochester**  
Sub-District  
276 Waring Road  
Room 104  
Rochester, NY 14609  
(585) 258-4550

**Syracuse District**  
333 East Washington Street  
Room 121  
Syracuse, NY 13202  
(315) 428-4057

**White Plains District**  
120 Bloomingdale Road  
White Plains, NY 10605  
(914) 997-9521





Department of Treasury  
Internal Revenue Service  
1973 North Rulon White Boulevard  
Ogden, UT 84201-0062

L WOERNER INC  
H C R  
85 METRO PARK  
ROCHESTER, NY 14623

Date:  
11/23/2022  
Tax year:  
2020  
Employer ID number:  
16-1108008  
Person to contact:  
4980H Response Unit  
Employee ID number:  
L226J  
Contact telephone number:  
866-379-6176  
Contact e-fax number:  
877-792-2723  
Response date:  
12/23/2022

Dear L WOERNER INC:

We have made a preliminary calculation of the Employer Shared Responsibility Payment (ESRP) that you owe.

**Proposed ESRP \$408,636.36**

Our records show that you filed one or more Forms 1095-C, Employer-Provided Health Insurance Offer and Coverage, and one or more Forms 1094-C, Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns, with the IRS. Our records also show that for one or more months of the year at least one of the full-time employees you identified on Form 1095-C was allowed the premium tax credit (PTC) on his or her individual income tax return filed with the IRS. Based on this information, we are proposing that you owe an ESRP for one or more months of the year.

You generally owe an ESRP for a month if either:

- You did not offer minimum essential coverage (MEC) to at least 95% of your full-time employees (and their dependents) and at least one of your full-time employees was certified as being allowed the PTC; or
- You offered MEC to at least 95% of your full-time employees (and their dependents), but at least one of your full-time employees was certified as being allowed the PTC (because the coverage was unaffordable or did not provide minimum value, or the full-time employee was not offered coverage).

This letter certifies, under Section 1411 of the Affordable Care Act, that for at least one month in the year, one or more of your full-time employees was enrolled in a qualified health plan for which a PTC was allowed.

Based on this certification and information contained in our records, we are proposing that you owe an ESRP of \$408,636.36.

**What you must do**

Review this letter carefully. It explains the proposed ESRP and what you should do if you agree or disagree with this proposal. You must tell us whether you agree or disagree with the proposed ESRP by the Response date on the first page of this letter.

The following items are included:

- An explanation of the employer shared responsibility provisions in Internal Revenue Code (IRC) Section 4980H, which are the basis for the ESRP. See **About the ESRP**;
- An **ESRP Summary Table** itemizing your proposed ESRP by month;
- An **Explanation of the ESRP Summary Table**;

- Form 14764, **ESRP Response**; and
- Form 14765, **Employee Premium Tax Credit (PTC) Listing (Employee PTC Listing)**

It will be useful to have the Form(s) 1094-C and 1095-C that you filed with the IRS for the tax year shown on the first page of this letter available when you review this letter.

**If you agree with the proposed ESRP**

- Complete, sign, and date the enclosed Form 14764, ESRP Response, and return it to us by the Response date on the first page of this letter.
- Include your payment of \$408,636.36. If you're enrolled in the Electronic Federal Tax Payment System (EFTPS), you can pay electronically instead of by check or money order.
- If you don't pay the entire agreed-upon ESRP, you will receive a Notice and Demand (your "bill") for the balance due. For additional payment options, refer to Publication 594, The IRS Collection Process, or call the telephone number on your bill. We will begin the collection process if you do not make payment in full and on time after you receive your bill.

**If you disagree with the proposed ESRP**

- Complete, sign, and date the enclosed Form 14764, ESRP Response, and send it to us so we receive it by the Response date on the first page of this letter.
  - Include a signed statement explaining why you disagree with part or all of the proposed ESRP. You may include documentation supporting your statement.
  - Make sure your statement describes changes, if any, you want to make to the information reported on your Form(s) 1094-C or Forms 1095-C. Do not file a corrected Form 1094-C with the IRS to report any changes you want to make to your Form 1094-C filed for the tax year shown on the first page of this letter.
  - Make changes, if any, on the **Employee PTC Listing** using the indicator codes in the Instructions for Forms 1094-C and 1095-C for the tax year shown on the first page of this letter. Do not file corrected Forms 1095-C with the IRS to report requested changes to the Employee PTC Listing; and
  - Include your revised Employee PTC Listing, if necessary, and any additional documentation supporting your changes with your Form 14764, ESRP Response, and signed statement.

**About the Form 14765, Employee PTC Listing**

The Employee PTC Listing shows the name and truncated social security number of each full-time employee for whom you filed a Form 1095-C if:

- The employee was allowed a PTC on his or her individual income tax return for one or more months of the tax year shown on the first page of this letter; and either
- You did not report an affordability safe harbor or other relief from the ESRP on the employee's Form 1095-C for one or more of the months the employee was allowed a PTC, or
- We have determined based on information reported that you do not qualify for the safe harbor claimed on line 16.

These employees are referred to as assessable full-time employees.

Each monthly box on the Employee PTC Listing has two rows. The first row reflects the codes, if any, that were entered on line 14 and line 16 of the employee's Form 1095-C for each month. However, if you claimed a safe harbor on line 16, and we determined based on information reported that you do not qualify for that safe harbor, it will show an XF, XG, or XH instead of the 2F, 2G, or 2H that was reported. For each employee, if the month is **not highlighted**, the employee is an assessable full-time employee for that month. If the month is highlighted, the employee is not an assessable full-time employee for that month.

Employees who are not considered assessable full-time employees **for all twelve** months of the year (either because the employee was not allowed a PTC for any month in the calendar year or a safe harbor or other provision providing relief was reported on Form 1095-C for each month the employee was allowed a PTC) are not included on the Employee PTC Listing.

#### **Specific instructions for making changes to the Employee PTC Listing**

- If the information reported on an assessable full-time employee's Form 1095-C was inaccurate or incomplete, you may make changes to the Employee PTC Listing using the applicable indicator codes for lines 14 and 16 that are described in the Instructions for Forms 1094-C and 1095-C. Make any changes, for each employee, as necessary, by entering new codes on the 2nd row of each monthly box.
- When making changes, first enter the indicator code for line 14 and then enter the indicator code for line 16. Separate the two codes with a slash (e.g., 1H/2A).
- If the same indicator code applies for all 12 months of the calendar year, enter that code in the "All 12 Months" column, and do not make entries for any of the months.
- If you are providing additional information about the changes for an employee, enter a check in the column titled "Additional Information Attached." Otherwise, leave this column blank.

**NOTE:** If more than one indicator code could apply for a month, enter only one code for that month on the Employee PTC Listing. Note any additional indicator codes that could apply for the affected employee in your signed statement. Include the employee's name, the applicable months and the additional indicator codes for each month.

We will review what you submit and will contact you.

Please ensure the signed statement and all documents submitted include the tax year and your employer ID number in the top right corner.

#### **If we don't hear from you**

If you don't respond by the Response date on the first page of this letter, we will send you a Notice and Demand for the ESRP that we proposed and assessed. The ESRP will be subject to IRS lien and levy enforcement actions. Interest will accrue from the date of the Notice and Demand and continue until you pay the total ESRP balance due.

#### **About the ESRP**

The ESRP rules only apply to an employer that is an applicable large employer (ALE). In general, an employer is an ALE for a year if it had an average of 50 or more full-time employees (including full-time equivalent employees) during the preceding calendar year.

The ESRP applies and is calculated on a monthly basis. Each month is a taxable period. An ALE may be liable for an ESRP for any month under either IRC Section 4980H (a) or (b) if it:

- **Did not offer MEC** to at least 95% of its full-time employees (and their dependents) and at least one full-time employee was allowed the PTC (**IRC Section 4980H(a)**); or

- **Did offer MEC** to at least 95% of its full-time employees (and their dependents) and at least one full-time employee was allowed the PTC (because the coverage was unaffordable or did not provide minimum value, or the full-time employee was not offered coverage) (**IRC Section 4980H(b)**).

The ESRP is not deductible for income tax purposes.

Our authority for proposing the ESRP is IRC Section 4980H. For more information about IRC Section 4980H, including definitions of key terms, such as full-time employee, how to determine ALE status and whether the ALE has made an offer of coverage visit the ACA Information Center for Applicable Large Employers (ALEs) at [www.irs.gov](http://www.irs.gov), keyword "ALEs." In addition, for information about completing Forms 1094-C and 1095-C and available transition relief, see the Instructions for Forms 1094-C and 1095-C for the tax year shown at the top of the page. You can find prior year Instructions at [www.irs.gov](http://www.irs.gov) (at the top of the screen select "Forms and Pubs," under the "Browse" heading choose "List of Prior Year Forms & Pubs" and in the "Find" box enter "1094-C" or "1095-C").

**ESRP Summary Table**

**Information Reported to IRS**

Month	a. Form 1094-C, Part III, Col (a) Minimum essential coverage offer indicator offered to at least 95%	b. Form 1094-C, Part III, Col (b) Full-time employee count for ALE member	c. Allocated reduction of full-time employee count for IRC Section 4980H(a)	d. Count of assessable full-time employees with a PTC for IRC Section 4980H(a)	e. Count of assessable full-time employees with a PTC for IRC Section 4980H(b)	f. Applicable IRC Section 4980H provision	g. Monthly ESRP amount
January	Yes	531	15	1	0	4980H(a)	\$0.00
February	Yes	526	15	1	0	4980H(a)	\$0.00
March	Yes	520	15	1	0	4980H(a)	\$0.00
April	Yes	534	15	2	0	4980H(a)	\$0.00
May	Yes	529	15	2	0	4980H(a)	\$0.00
June	Yes	527	15	2	0	4980H(a)	\$0.00
July	Yes	522	15	1	0	4980H(a)	\$0.00
August	Yes	502	15	1	0	4980H(a)	\$0.00
September	No	495	15	1	0	4980H(a)	\$102,801.60
October	No	493	15	1	0	4980H(a)	\$102,373.26
November	No	491	15	1	0	4980H(a)	\$101,944.92
December	No	489	15	1	0	4980H(a)	\$101,516.58
						<b>Total Proposed ESRP</b>	<b>\$408,636.36</b>

## **Explanation of the ESRP Summary Table**

The ESRP summary table includes the following information.

### **Column (a). Form 1094-C, Part III, Col (a), Minimum essential coverage offer indicator (offered to at least 95%)**

This column shows the information you reported on the Form 1094-C, Part III, Column (a) filed with the IRS about whether you offered MEC to at least 95% of your full-time employees and their dependents. If there was no entry on Form 1094-C, Part III, Column (a) for one or more months, each missing entry is shown as "No" in column (a).

### **Column (b). Form 1094-C, Part III, Col (b), Full-time employee count for ALE member**

This column shows the information you reported on the Form 1094-C, Part III, Column (b) filed with the IRS reporting the number of your full-time employees. However, if you did not report the number of full-time employees for any month of the year, the full-time employee count in column (b) will reflect the number you reported on Form 1094-C, Part II, line 20, "Total number of Forms 1095-C filed by and/or on behalf of ALE Member." If you reported the number of full-time employees for some, but not all months of the year, the full-time employee count in column (b) for each month for which you did not report will reflect the greatest number of full-time employees you reported for any one month of the year.

### **Column (c). Allocated reduction of full-time employee count for IRC Section 4980H(a)**

This column shows the number by which the full-time employee count in column (b) is reduced when computing an ESRP under IRC Section 4980H(a). In general, under IRC Section 4980H(a), an ALE's number of full-time employees is reduced by its allocable share of 30. If the ALE is not part of an Aggregated ALE Group, the ALE's allocable share is 30. If the ALE is a member of an Aggregated ALE Group, the ALE's allocable share is based upon the number of ALE members reported in Part IV of Form 1094-C. For the 2015 year only, transition relief increased 30 to 80 for an employer that certified on Form 1094-C, Line 22 and entered B on Form 1094-C, Part III, Column (e), reporting that it met the criteria for the transition relief. Even if "yes" is entered in column (a) (meaning no ESRP under IRC Section 4980H(a) applies for the month), this column (c) will be filled in because the amount of a potential ESRP under IRC Section 4980H(a) for a month caps the amount of an ESRP under IRC Section 4980H(b) for a month.

### **Column (d). Count of assessable full-time employees with a PTC for IRC Section 4980H(a)**

The number shown for each month is the number of your full-time employees who were allowed a PTC on their individual income tax returns and for whom no provision providing relief is applicable under IRC Section 4980H(a). These employees are listed on the Employee PTC Listing and are referred to as assessable full-time employees. You are subject to an ESRP for any month that IRC Section 4980H(a) applies to you, if there is at least one assessable full-time employee for that month.

### **Column (e). Count of assessable full-time employees with a PTC for IRC Section 4980H(b)**

The number shown for each month is the number of your full-time employees who were allowed a PTC and for whom no safe harbor or other provision providing relief is applicable under IRC Section 4980H(b). These employees are listed on the Employee PTC Listing and are referred to as assessable full-time employees. You are subject to an ESRP for these employees for any month that IRC Section 4980H(b) applies to you, if there is at least one assessable full-time employee for that month.

### **Column (f). Applicable IRC Section 4980H provision**

This column shows whether the ESRP, if any, has been computed under IRC Section 4980H(a) or (b).

### **Column (g). Monthly ESRP amount**

This column shows the proposed ESRP amount per month, if any. Each month is a separate taxable period. The total proposed ESRP amount for the year is shown at the bottom. For more information, see "Calculation of your ESRP" below.



## Calculation of your ESRP

**NOTE:** References to all columns relate to the ESRP Summary Table above.

We computed your ESRP amount on a month-by-month basis as shown in column (g). For any month, an employer may owe no ESRP or an ESRP under either IRC Section 4980H(a) or 4980H(b) as described below, but not both. (See column (f) for the ESRP provision, if any, that applies to you for each month.)

IRC Section 4980H(a) applies for a month when column (a) Minimum essential coverage offer indicator (offered to at least 95%) is marked "No" and column (d) Count of assessable full-time employees with a PTC for IRC Section 4980H(a) is at least one for that same month. An IRC Section 4980H(a) ESRP is computed by taking the number in column (b), IRC Section 4980H full-time employee count for ALE member, subtracting the number in column (c), Allocated reduction of full-time employee count for IRC Section 4980H(a), and multiplying the resulting number by \$2,570/12 or \$214.17 to arrive at the monthly ESRP amount.

IRC Section 4980H(b) applies for a month when column (a) Minimum essential coverage indicator (offered to at least 95%) is marked "Yes" and column (e) Count of assessable full-time employees with a PTC for IRC Section 4980H(b) is at least one for that same month. An IRC Section 4980H(b) ESRP is computed by taking the number in column (e), Count of assessable full-time employees with a PTC for 4980H(b), and multiplying that number by \$3,860/12 or \$321.67 to arrive at the monthly ESRP amount.

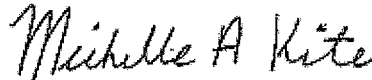
**NOTE:** The ESRP amount under IRC Section 4980H(b) in column (g) cannot be more than the amount that would have been proposed under IRC Section 4980H(a) had it applied to you for that same month. If you are a member of an Aggregated ALE Group and are subject to an ESRP under IRC Section 4980H(a) or are subject to an ESRP under IRC Section 4980H(b) that may be limited by IRC Section 4980H(a) cap, please contact the person identified on the first page of this letter to ensure the allocation has been correctly computed.

### Additional information

- For more information about this letter, visit [www.irs.gov/ltr226J](http://www.irs.gov/ltr226J).
- For information about the ESRP and the PTC, visit [www.irs.gov/aca](http://www.irs.gov/aca).
- For information about the collection process visit [www.irs.gov/Pub594](http://www.irs.gov/Pub594).
- For tax forms, instructions and publications, visit [www.irs.gov/forms-pubs](http://www.irs.gov/forms-pubs) or call 800-TAX-FORM (800-829-3676).
- Keep this letter for your records.

If you need assistance, please don't hesitate to contact us.

Sincerely,



Michelle Kite  
Operation Manager

Enclosures:  
Publication 1  
Notice 609  
Form 14764  
Form 14765

## ESRP Response

Complete both sides of this form and return it to the address shown on the letter received.

### Provide Your Contact Information

Name  
L WOERNER INC

Address (if you changed your address, make the changes below)

City	State	Country	Zip code
------	-------	---------	----------

Primary telephone number	Best time to call
--------------------------	-------------------

Secondary telephone number	Best time to call
----------------------------	-------------------

### Indicate Your Agreement or Disagreement

#### Agreement with proposed assessment

☐ I consent to the assessment and collection of the proposed assessment of the ESRP in the amount of \$408,636.36

Signature	Date
-----------	------

Print name and title of the person who signed above

#### Partial/Total disagreement with proposed assessment

☐ I disagree with part or all of the proposed assessment of the ESRP

### Indicate Your Payment Option (check all that apply)

- ☐ Full payment using EFTPS on \_\_\_\_\_
- ☐ Partial payment using EFTPS on \_\_\_\_\_
- ☐ Enclosed full payment of \$408,636.36
- ☐ Enclosed partial payment of \$ \_\_\_\_\_
- ☐ No payment

- ♦ Write your employer ID number (16-1108008), the tax year (2020) and ESRP on your payment and any correspondence.
- ♦ Make your check or money order payable to the United States Treasury.

### Authorization (optional)

If you would like to authorize someone, in addition to you, to contact the IRS concerning this proposed ESRP matter, include the person's information, your signature, and the date.

The authority granted is limited as indicated by the statement above the signature line. The contact may not sign returns, enter into agreements, or otherwise represent you before the IRS. If you want to have a designee with expanded authorization, see IRS Publication 947, Practice Before the IRS and Power of Attorney.

Full name of authorized person

---

Address

City	State	Country	Zip code
------	-------	---------	----------

Primary telephone number	Best time to call
Secondary telephone number	Best time to call

I authorize the person listed above to discuss and provide information to the IRS about this letter.

Signature	Date
-----------	------

Print name and title of the person who signed above

---

## Employee Premium Tax Credit (PTC) Listing

Any month not highlighted is a month that the employee received a PTC and no safe harbor or other relief from the ESRP was applicable. The employee is an assessable full-time employee for that month. Any month that shows XF, XG, or XH is due to a determination that you do not qualify for the safe harbor being claimed (2F, 2G, or 2H). If you still think the safe harbor applies, you may provide your computation with your written request for reconsideration.

Employer name L WOERNER INC		Employer ID number **-***8008										Tax year 2020		Additional Information Attached	
Employee Name (last, first)	SSN (last 4 digits)	All 12 months Indicator Codes (Form 1095-C, lines 14 and 16 combined)	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov		Dec
STACEY LOUCKS	8094		NOPTC	NOPTC	NOPTC	1E/2H	1E/2H	1E/2H	1E/2H	1E/2H	1E/2H	1E/2H	1E/2H	1E/2H	<input type="checkbox"/>





**Department of Treasury**  
**Internal Revenue Service**  
1973 North Rulon White Boulevard  
Ogden, UT 84201-0062

O-154025

L WOERNER INC  
H C R  
85 METRO PARK  
ROCHESTER, NY 14623



# WE ARE YOUR DOL Attention Miscellaneous Industry Employees



Department  
of Labor

Minimum Wage hourly rates effective 12/31/2021 – 12/30/2022

New York City			
Large Employers (11 or more employees)		Small Employers (10 or less employees)	
<b>Minimum Wage</b>		<b>Minimum Wage</b>	
<b>\$15.00</b>		<b>\$15.00</b>	
Overtime after 40 hours	\$22.50	Overtime after 40 hours	\$22.50
<b>Tipped workers</b>	<b>\$15.00</b>	<b>Tipped workers</b>	<b>\$15.00</b>
Overtime after 40 hours	\$22.50	Overtime after 40 hours	\$22.50
Long Island and Westchester County		Remainder of New York State	
<b>Minimum Wage</b>		<b>Minimum Wage</b>	
<b>\$15.00</b>		<b>\$13.20</b>	
Overtime after 40 hours	\$22.50	Overtime after 40 hours	\$19.80
<b>Tipped workers</b>	<b>\$15.00</b>	<b>Tipped workers</b>	<b>\$13.20</b>
Overtime after 40 hours	\$22.50	Overtime after 40 hours	\$19.80

If you have questions, need more information or want to file a complaint, please visit [www.labor.ny.gov/minimumwage](http://www.labor.ny.gov/minimumwage) or call: **1-888-469-7365**.

**Credits and Allowances** that may reduce your pay below the minimum wage rates shown above:

- **Tips** – Beginning December 31, 2020, your employer must pay the full applicable minimum wage rate, and cannot take any tip credit.
- **Meals and lodging** – Your employer may claim a limited amount of your wages for meals and lodging that they provide to you, as long as they do not charge you anything else. The rates and requirements are set forth in wage orders and summaries, which are available online.

**Extra Pay** you may be owed in addition to the minimum wage rates shown above:

- **Overtime** – You must be paid 1½ times your regular rate of pay (no less than amounts shown above) for weekly hours over 40 (or 44 for residential employees).  
*Exceptions:* Overtime is not required for salaried professionals, or for executives and administrative staff whose weekly salary is more than 75 times the minimum wage rate.
- **Call-in pay** – If you go to work as scheduled and your employer sends you home early, you may be entitled to extra hours of pay at the minimum wage rate for that day.
- **Spread of hours** – If your workday lasts longer than ten hours, you may be entitled to extra daily pay. The daily rate is equal to one hour of pay at the minimum wage rate.
- **Uniform maintenance** – If you clean your own uniform, you may be entitled to additional weekly pay. The weekly rates are available online.



# **NO SMOKING**

**New York State Public Health Law - Article 13E**

## **5.06 SMOKE-FREE WORKPLACE**

The following smoking provisions have been adopted in the interest of providing a safe and healthy environment for both employees and visitors to our facilities.

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### **SMOKING RESTRICTIONS**

Smoking is not permitted in/on any HCR campus. This includes in company-owned vehicles. In accordance with New York State law, smoking includes: marijuana, vaping, the use of e-cigarettes, and tobacco chewing products.

Smoking is not permitted in patients'/clients' homes, even if the patient/client is a smoker.

### **COMPLIANCE**

Violations of this policy are subject to disciplinary action, up to and including termination of employment.



## STATEMENT OF RIGHTS NEW YORK STATE DISABILITY BENEFITS

ANDREW M. CUOMO, Governor

### **IF YOU ARE UNABLE TO WORK BECAUSE OF A NON-OCCUPATIONAL ILLNESS OR INJURY, YOU MAY BE ENTITLED TO DISABILITY BENEFITS**

1. Your employer is required by law to provide for the payment of disability benefits to his/her employees.
2. Statutory disability benefits are payable for any non-work related injury or illness (including disability due to pregnancy) beginning with the 8th consecutive day of disability. Benefits are payable for up to 26 weeks. The total amount of combined paid family and disability leave an employee may take in a 52 consecutive week period may not exceed 26 weeks. Benefit payments are based on your average weekly wages for the eight weeks immediately prior to your disability, and are subject to the maximum allowable by the law in effect on the initial day of disability. Your employer or union may provide for different benefits which are at least as favorable as statutory benefits under an approved Disability Benefits Plan or Agreement.
3. **TO CLAIM BENEFITS** you should file written notice and proof of disability (Claim Form DB-450) with your employer or the insurance carrier named below within 30 days from the first day of your disability, or all or part of your claim may be rejected. In no event should you wait more than 26 weeks from that date to file a claim. You may obtain Form DB-450 from your employer, its insurance carrier, your health care provider or by contacting the Workers' Compensation Board. (See address and telephone number below.) **Do not** assume that your employer has filed a claim on your behalf; **claim filing is your responsibility.**
4. You are entitled to be treated by any physician, chiropractor, dentist, nurse-midwife, podiatrist or psychologist of your choice. Unlike workers' compensation, your medical bills will **not** be paid by your employer or the insurance carrier, unless your employer and/or union provides for the payment of medical bills under an approved Disability Benefits Plan or Agreement.
5. Disability benefits are to be paid **directly** to you by the insurance carrier, **not through your employer**, unless your employer is an approved self-insurer.
6. **If your employer or the insurance carrier contends that you are not entitled to the payment of disability benefits, they are required to send you a Notice of Rejection, within 45 days of the filing of your claim, telling you the reasons benefits are not being paid. If you disagree with their rejection, you have a legal right to request a review of the rejection by the Workers' Compensation Board. IMPORTANT: If within 45 days of filing your claim you do not receive benefits and do not receive a Notice of Rejection (Form DB-451), promptly contact the Workers' Compensation Board at the telephone number below.**
7. **If your disability is the result of an automobile accident** and you have filed a claim for no-fault benefits, you must also file a claim (Form DB-450) for disability benefits. **If you do not file for disability benefits, the no-fault insurer may reduce your no-fault payments. IMPORTANT: In such cases, if you are not entitled to disability benefits, immediately advise the no-fault insurance carrier.**
8. Your employer may not ask you to waive your right to disability benefits nor may your employer deduct more than 60 cents a week (unless the additional contribution is part of an approved plan) from your pay to contribute to the payment of disability benefits insurance premiums. **You cannot be discharged or discriminated against for filing a claim for disability benefits.**

**IF YOU HAVE DIFFICULTY IN OBTAINING A CLAIM FORM OR NEED HELP IN FILLING IT OUT, OR IF YOU HAVE ANY OTHER QUESTIONS OR PROBLEMS ABOUT A NON-WORK RELATED INJURY OR ILLNESS, CONTACT ANY OFFICE OF THE WORKERS' COMPENSATION BOARD.**

This information is a simplified presentation of your rights as required by Section 229 of the Disability and Paid Family Leave Benefits Law. Your employer's disability benefits insurance carrier is:

Lincoln Life & Annuity Company of New York  
Home Office: 100 Madison St., Ste 1860, Syracuse, NY 13202  
Service Office: 8801 Indian Hills Drive, Omaha, NE 68114  
Toll-Free Line: 1-800-423-2765

**Prescribed by the Chair,  
Workers' Compensation Board**

## **Notice of Employee Rights, Protections, and Obligations Under Labor Law Section 740**

### **Prohibited Retaliatory Personnel Action by Employers Effective January 26, 2022**

§ 740. Retaliatory action by employers; prohibition.

1. Definitions. For purposes of this section, unless the context specifically indicates otherwise:

- (a) “Employee” means an individual who performs services for and under the control and direction of an employer for wages or other remuneration, including former employees, or natural persons employed as independent contractors to carry out work in furtherance of an employer’s business enterprise who are not themselves employers.
- (b) “Employer” means any person, firm, partnership, institution, corporation, or association that employs one or more employees.
- (c) “Law, rule or regulation” includes: (i) any duly enacted federal, state or local statute or ordinance or executive order; (ii) any rule or regulation promulgated pursuant to such statute or ordinance or executive order; or (iii) any judicial or administrative decision, ruling or order.
- (d) “Public body” includes the following:
  - (i) the United States Congress, any state legislature, or any elected local governmental body, or any member or employee thereof;
  - (ii) any federal, state, or local court, or any member or employee thereof, or any grand or petit jury;
  - (iii) any federal, state, or local regulatory, administrative, or public agency or authority, or instrumentality thereof;
  - (iv) any federal, state, or local law enforcement agency, prosecutorial office, or police or peace officer;
  - (v) any federal, state or local department of an executive branch of government; or
  - (vi) any division, board, bureau, office, committee, or commission of any of the public bodies described in subparagraphs (i) through (v) of this paragraph.
- (e) “Retaliatory action” means an adverse action taken by an employer or his or her agent to discharge, threaten, penalize, or in any other manner discriminate against any employee or former employee exercising his or her rights under this section, including (i) adverse employment actions or threats to take such adverse employment actions against an employee in the terms of conditions of employment including but not limited to discharge, suspension, or demotion; (ii) actions or threats to take such actions that would adversely impact a former employee’s current or future employment; or (iii) threatening to contact or contacting United States immigration authorities or otherwise reporting or threatening to report an employee’s suspected citizenship or immigration status or the suspected citizenship or immigration status of an employee’s family or household member, as defined in subdivision two of section four hundred fifty-nine-a of the social services law, to a federal, state, or local agency.

- (f) "Supervisor" means any individual within an employer's organization who has the authority to direct and control the work performance of the affected employee; or who has managerial authority to take corrective action regarding the violation of the law, rule or regulation of which the employee complains.
2. Prohibitions. An employer shall not take any retaliatory action against an employee, whether or not within the scope of the employee's job duties, because such employee does any of the following:
- (a) discloses, or threatens to disclose to a supervisor or to a public body an activity, policy or practice of the employer that the employee reasonably believes is in violation of law, rule or regulation or that the employee reasonably believes poses a substantial and specific danger to the public health or safety;
  - (b) provides information to, or testifies before, any public body conducting an investigation, hearing or inquiry into any such activity, policy or practice by such employer; or
  - (c) objects to, or refuses to participate in any such activity, policy or practice.
3. Application. The protection against retaliatory action provided by paragraph (a) of subdivision two of this section pertaining to disclosure to a public body shall not apply to an employee who makes such disclosure to a public body unless the employee has made a good faith effort to notify his or her employer by bringing the activity, policy or practice to the attention of a supervisor of the employer and has afforded such employer a reasonable opportunity to correct such activity, policy or practice. Such employer notification shall not be required where:
- (a) there is an imminent and serious danger to the public health or safety;
  - (b) the employee reasonably believes that reporting to the supervisor would result in a destruction of evidence or other concealment of the activity, policy or practice;
  - (c) such activity, policy or practice could reasonably be expected to lead to endangering the welfare of a minor;
  - (d) the employee reasonably believes that reporting to the supervisor would result in physical harm to the employee or any other person; or
  - (e) the employee reasonably believes that the supervisor is already aware of the activity, policy or practice and will not correct such activity, policy or practice.
4. Violation; remedy.
- (a) An employee who has been the subject of a retaliatory action in violation of this section may institute a civil action in a court of competent jurisdiction for relief as set forth in subdivision five of this section within two years after the alleged retaliatory action was taken.
  - (b) Any action authorized by this section may be brought in the county in which the alleged retaliatory action occurred, in the county in which the complainant resides, or in the county in which the employer has its principal place of business. In any such action, the parties shall be entitled to a jury trial.
  - (c) It shall be a defense to any action brought pursuant to this section that the retaliatory action was predicated upon grounds other than the employee's exercise of any rights protected by this section.
5. Relief. In any action brought pursuant to subdivision four of this section, the court may order relief as follows:
- (a) an injunction to restrain continued violation of this section;
  - (b) the reinstatement of the employee to the same position held before the retaliatory action, or to an equivalent position, or front pay in lieu thereof;
  - (c) the reinstatement of full fringe benefits and seniority rights;

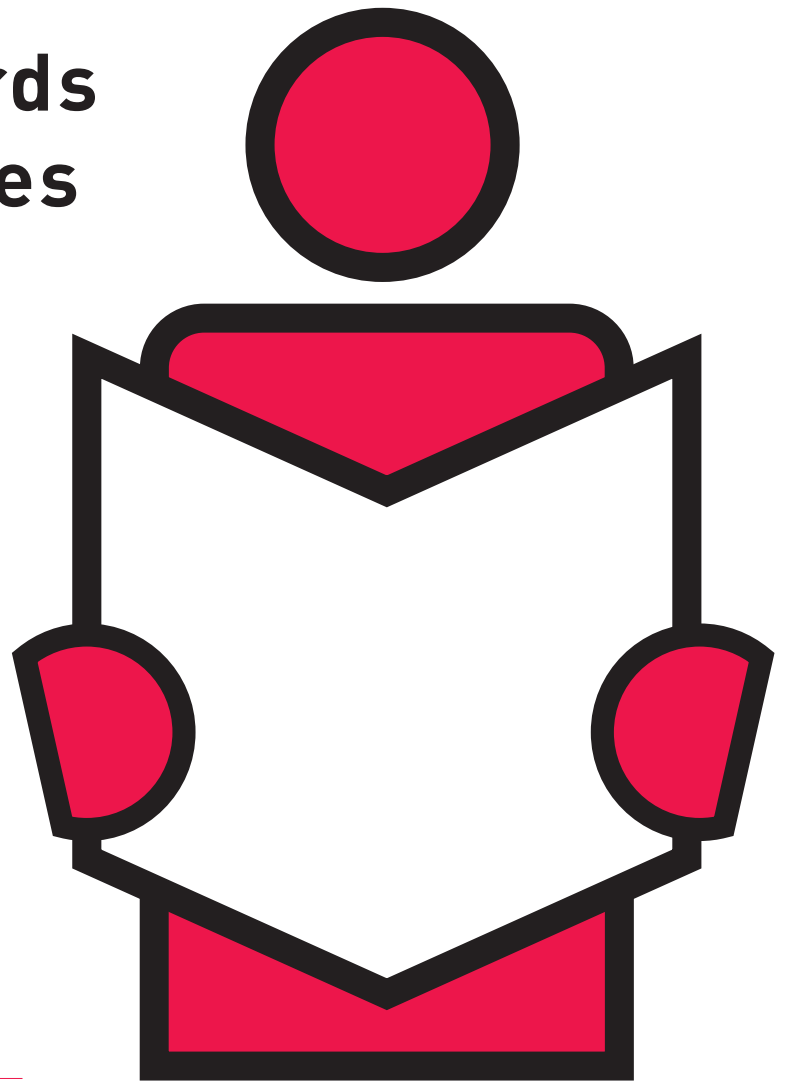
- (d) the compensation for lost wages, benefits and other remuneration;
  - (e) the payment by the employer of reasonable costs, disbursements, and attorney's fees;
  - (f) a civil penalty of an amount not to exceed ten thousand dollars; and/or
  - (g) the payment by the employer of punitive damages, if the violation was willful, malicious or wanton.
6. Employer relief. A court, in its discretion, may also order that reasonable attorneys' fees and court costs and disbursements be awarded to an employer if the court determines that an action brought by an employee under this section was without basis in law or in fact.
7. Existing rights. Nothing in this section shall be deemed to diminish the rights, privileges, or remedies of any employee under any other law or regulation or under any collective bargaining agreement or employment contract.
8. Publication. Every employer shall inform employees of their protections, rights and obligations under this section, by posting a notice thereof. Such notices shall be posted conspicuously in easily accessible and well-lighted places customarily frequented by employees and applicants for employment.

# YOU HAVE A RIGHT TO KNOW!

**Your employer must inform  
you of the health  
effects and hazards  
of toxic substances  
at your  
worksite.**

**Learn all  
you can  
about toxic  
substances  
on your job.**

**For more  
information,  
contact:**



Name \_\_\_\_\_

Location & Phone Number \_\_\_\_\_

**THE RIGHT TO KNOW LAW WORKS FOR YOU.**  
NEW YORK STATE DEPARTMENT OF HEALTH

# Public Employees Job Safety & Health Protection

*The New York State Public Employee Safety and Health Act of 1980 provides job safety and health protection for workers through the promotion of safe and healthful working conditions throughout the State. Requirements of the Act include the following:*

**Employers**

Employers must provide employees with a workplace that is:

- free from recognized hazards,
- in compliance with the safety and health standards that apply to the workplace, and
- in compliance with any other regulations issued under the PESH Act by the Commissioner of Labor.

**Employees**

Employees must comply with all safety and health standards that apply to their actions on the job. Employees must also comply with any regulations issued under the PESH Act that apply to their job.

**Enforcement**

The New York State Department of Labor administers and enforces the PESH Act. The Commissioner of Labor issues safety and health standards. The Department’s Division of Safety and Health (DOSH) has Inspectors and Hygienists who inspect workplaces to make sure they are following the PESH Act.

**Inspection**

When DOSH staff inspect a workplace, a representative of the employer and a representative approved by the employees must be allowed to help with the inspection. When there is no employee-approved representative, DOSH staff must speak with a fair number of employees about the safety and health conditions in the workplace.

**Order to Comply**

If the Department believes an employer has violated the PESH Act, we will issue an order to comply notice to the employer. The order will list dates by which each violation must be fixed. If violations are not fixed by those dates, the employer may be fined.

The order to comply must be posted at or near the place of violation, where it can be easily seen. This is to warn employees that a danger may exist.

**Complaint**

Any interested person may file a complaint if they believe there are unsafe or unhealthful conditions in a public workplace. This includes:

- An employee
- A representative of an employee
- Groups of employees
- A representative of a group of employees

Make this complaint in writing to the nearest DOSH office or by email to: [Ask.SHNYPESH@labor.ny.gov](mailto:Ask.SHNYPESH@labor.ny.gov). On request, DOSH will not release the names of any employees who file a complaint. The Department of Labor will evaluate each complaint. The Department will notify the person who made the complaint of the results of the investigation.

These complaints may also be made to the United States Department of Labor, Occupational Safety and Health Administration online at: [www.osha.gov](http://www.osha.gov).

**Discrimination**

Employees may not be fired or discriminated against in any way for filing safety and health complaints or otherwise exercising their rights under the Act.

If an employee believes that they have been discriminated against, he or she may file a complaint with the nearest DOSH office. File this complaint within 30 days of the discrimination incident.

**Voluntary Activity**

The Department of Labor encourages employers and employees to voluntarily:

- reduce workplace hazards, and
- develop and improve safety and health programs in all workplaces.

The Division of Safety and Health can provide free help with identifying and correcting job site hazards. Employers may request this assistance on a voluntary basis by emailing: [Ask.SHNYPESH@labor.ny.gov](mailto:Ask.SHNYPESH@labor.ny.gov).

**Additional information may be obtained from the nearest DOSH District Office below:**

**Albany District**

State Office Campus  
Bldg. 12, Rm. 158  
Albany, NY 12240  
Tel: (518) 457-5508

**Binghamton District**

44 Hawley St., Rm. 901  
Binghamton, NY 13901  
Tel: (607) 721-8211

**Buffalo District**

65 Court Street  
Buffalo, NY 14202  
Tel: (716) 847-7133

**Garden City District**

400 Oak Street  
Garden City, NY 11550  
Tel: (516) 228-3970

**New York City District**

75 Varick St., 7th Floor  
New York, NY 10013  
Tel: (212) 775-3554

**Rochester District**

109 S. Union St., Rm. 402  
Rochester, NY 14607  
Tel: (585) 258-8806

**Syracuse District**

450 South Salina Street  
Syracuse, NY 13202  
Tel: (315) 479-3212

**Utica District**

207 Genesee Street  
Utica, NY 13501  
Tel: (315) 793-2258

**White Plains District**

120 Bloomingdale Road  
White Plains, NY 10605  
Tel: (914) 997-9514

Post Conspicuously

**A Division of the New York State Department of Labor**



STATE OF NEW YORK - WORKERS' COMPENSATION BOARD  
ESTADO DE NUEVA YORK - JUNTA DE COMPENSACION OBRERA

NOTICE OF COMPLIANCE

AVISO DE CUMPLIMIENTO

TO EMPLOYEES

A EMPLEADOS

IMPORTANT INFORMATION FOR EMPLOYEES WHO ARE  
INJURED OR SUFFER AN OCCUPATIONAL DISEASE WHILE  
WORKING.

INFORMACION IMPORTANTE PARA EMPLEADOS QUE SEAN  
LESIONADOS O SUFRAN UNA ENFERMEDAD OCUPACIONAL  
MIENTRAS TRABAJAN.

1. By posting this notice and information concerning your rights as an injured worker, your employer is in compliance with the Workers' Compensation Law.
2. If you do not notify your employer within 30 days of the date of your injury your claim may be disallowed, so do so immediately.
3. You are entitled to obtain any necessary medical treatment and should do so immediately.
4. You may choose any doctor, podiatrist, chiropractor or psychologist referred by a medical doctor that accepts NY State Workers' Compensation patients and is Board authorized. However, if your employer is involved in a certified preferred provider organization (PPO) you must first be treated by a provider chosen by your employer and your employer must give you a written statement of your rights concerning further medical care.
5. You should tell your doctor to file copies of medical reports concerning your claim with the Workers' Compensation Board and with your employer's insurance company, which is indicated at the bottom of this form.
6. You may be entitled to lost time benefits if your work-related injury keeps you from work for more than seven days, compels you to work at lower wages or results in permanent disability to any part of your body. You may be entitled to rehabilitation services if you need help returning to work.
7. You should not pay any medical providers directly. They should send their bills to your employer's insurance carrier. If there is a dispute, the provider must wait until the Board makes a decision before it attempts to collect payment from you. If you do not pursue your claim or the Board rules that your injury is not work-related, you may be responsible for the payment of the bills.
8. You are entitled to be represented by an attorney or licensed representative, but it is not required. If you do hire a representative do not pay him/her directly. Any fee will be set by the Board and will be deducted from your award.
9. If you have difficulty in obtaining a claim form or need help in filling it out, or if you have any other questions or problems about a job-related injury, contact any office of the Workers' Compensation Board.

1. Su patrono está cumpliendo la Ley de Compensación Obrera cuando despliega este comunicado concerniente a sus derechos como trabajador lesionado.
2. Si usted no notifica a su patrono dentro del término de 30 días de haber sufrido su lesión su reclamación podría ser desestimada, por eso notifique inmediatamente.
3. Usted tiene derecho a recibir cualquier tratamiento médico necesario relacionado con su lesión y debe gestionarlo inmediatamente.
4. Para el tratamiento de cualquier lesión o enfermedad relacionada con el trabajo, usted puede escoger cualquier médico, podiatra, quiropráctico o psicólogo (si es referido por un médico autorizado) que esté autorizado y acepte pacientes de la Junta de Compensación Obrera. Sin embargo, si su patrono está autorizado a participar una organización certificada de proveedores preferidos (PPO) usted deberá obtener tratamiento inicial para cualquier lesión o enfermedad relacionada con el trabajo de la correspondiente entidad. Patronos que participen en cualquiera de estos programas establecidos por ley están obligados a proveer a sus empleados notificación escrita explicando sus derechos y obligaciones bajo el programa a que esté acogido.
5. Usted deberá requerir de su Médico que radique copias de los informes médicos de su caso en la Junta de Compensación Obrera y en la compañía de seguros de su patrono, que se indica al final de esta forma.
6. Usted tiene derecho a compensación si su lesión relacionada con el trabajo le impide trabajar por más de siete días, le obliga a trabajar a sueldo más bajo ó resulta en incapacidad permanente de cualquier parte de su cuerpo. Usted puede tener derecho a servicios de rehabilitación si necesita ayuda para regresar al trabajo.
7. No pague a ningún proveedor médico directamente por tratamiento de su lesión o enfermedad relacionada con el trabajo. Ellos deben enviar sus facturas al asegurador de su patrono. Si el caso es cuestionado, el proveedor deberá esperar hasta que la Junta decida el caso, antes de iniciar gestión de cobro alguna contra usted. Si usted no tramita su caso ó la Junta falla que su lesión o enfermedad no está relacionada con el trabajo, usted podría ser responsable del pago de las facturas.
8. No es obligatorio el estar representado en ninguno de los procedimientos de la Junta, pero es un derecho que usted tiene, el estar representado por abogado ó por representante licenciado si usted así lo desea. Si es representado, no pague al abogado ó al representante licenciado. Cuando la Junta decida su caso, los honorarios serán determinados por la Junta y descontados de sus beneficios.
9. Si tiene dificultad en conseguir un formulario de reclamación ó necesita ayuda para llenarlo ó tiene dudas sobre cualquier situación relacionada con una lesión ó enfermedad comuníquese con la oficina mas cercana de la Junta.

NYS Workers' Compensation Board  
Centralized Mailing  
PO Box 5205  
Binghamton, NY 13902-5205

Customer Service Line: 877-632-4996

CHAIR/PRESIDENTE  
Workers' Compensation Board

Workers' Compensation Benefits, when due, will be paid by (Los beneficios de Compensación Obrera, cuando debidos, serán pagados por):

Name of employer (Nombre de patrono)

L. WOERNER INC. DBA HCR  
85 METRO PARK  
ROCHESTER NY 14623

THIS NOTICE MUST BE POSTED  
CONSPICUOUSLY IN AND ABOUT THE  
EMPLOYER'S PLACE OR PLACES OF BUSINESS.

Failure by an employer to post this notice in and about the  
employer's place or places of business may result in a \$250  
penalty for each violation.

NYSIF	
PO Box 66699; Albany, NY 12206	
(888) 875-5790	
Effective From	To
06/30/2022	cancellation
(En Vigor Desde)	(Hasta cancellation)
Policy No.	R 2218 788-4
(Poliza No.)	

C-105 (9-17)

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WORKERS' COMPENSATION BOARD  
PRESCRIBED BY CHAIR  
STATE OF NEW YORK

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