

Since 1983



1961 Diamond Springs Road  
Virginia Beach, VA 23455  
Phone (757) 460-6308  
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## NEW YORK EMPLOYEES

MANCON Employees,

Included in this packet is the following information:

1. Correction Law
2. Discrimination Poster
3. Minimum Wage Poster
4. Safety Poster
5. Smoking Brochure
6. Workers Compensation Notice
7. Unemployment Notice
8. Paid Family Leave Notice
9. Notice to Nursing Mothers
10. Time Off to Vote

If you have any questions, please contact your supervisor.

Thanks,  
Human Resources

NEW YORK CORRECTION LAW  
ARTICLE 23-A

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

Section 750. Definitions.

751. Applicability.

752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.

753. Factors to be considered concerning a previous criminal conviction; presumption.

754. Written statement upon denial of license or employment.

755. Enforcement.

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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.



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

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

**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.**

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

**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**

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.

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.

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.

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.

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.

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.

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

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

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

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.

Reasonable accommodations and modifications for persons with disabilities may also be required.

Excepciones:

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

- (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

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

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

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

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

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

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.

**EDUCATION INSTITUTIONS**

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

**INSTITUCIONES EDUCATIVAS**

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

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

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

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.

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.

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.

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.

**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.**

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

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

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 Attention Miscellaneous Industry Employees



Department of Labor

Minimum Wage hourly rates effective 12/31/2020 – 12/30/2021

New York City	
Large Employers (11 or more employees)	Small Employers (10 or less employees)
<b>Minimum Wage \$15.00</b> Overtime after 40 hours \$22.50 <b>Tipped workers \$15.00</b> Overtime after 40 hours \$22.50	<b>Minimum Wage \$15.00</b> Overtime after 40 hours \$22.50 <b>Tipped workers \$15.00</b> Overtime after 40 hours \$22.50
Long Island and Westchester County	
<b>Minimum Wage \$14.00</b> Overtime after 40 hours \$21.00 <b>Tipped workers \$14.00</b> Overtime after 40 hours \$21.00	<b>Minimum Wage \$12.50</b> Overtime after 40 hours \$18.75 <b>Tipped workers \$12.50</b> Overtime after 40 hours \$18.75
Remainder of New York State	
<b>Minimum Wage \$14.00</b> Overtime after 40 hours \$21.00 <b>Tipped workers \$14.00</b> Overtime after 40 hours \$21.00	<b>Minimum Wage \$12.50</b> Overtime after 40 hours \$18.75 <b>Tipped workers \$12.50</b> Overtime after 40 hours \$18.75

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.

## 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**





## How does this act affect private offices?

Employees with private offices cannot smoke in their office, or anywhere in the building.

## Am I required to provide a smoking break room for my employees?

No. In fact, the Act prohibits employers from providing a smoking break room for employees. Businesses with separately ventilated rooms for their smoking employees cannot allow smoking in these rooms or anywhere else in the building.

## How will the act be enforced?

The owner, manager or operator of an area open to the public, food service establishment, or bar, that is covered by this Act must make a reasonable effort to prevent smoking.

## How can I file a complaint?

Employees and the public may report, confidentially, violations of the Act to their local health departments, county board of health or their district health office for action. You can find the telephone number in the government section of your telephone book, or at [www.health.state.ny.us](http://www.health.state.ny.us).

## Should signs be posted?

Yes. "No Smoking" or "Smoking" signs or a sign with the international "no smoking" symbol on it must be prominently posted and properly maintained where smoking is prohibited or permitted.

## What are the penalties?

The enforcement officer for a city or county health department can assess a penalty of up to \$1,000 for each violation. In areas where the State Health Department is the enforcement officer, a fine of up to \$2,000 may be assessed.

## How can I find more information?

For more information about the Act, call 1-800-458-1158, ext. 2-7600.

## Where can I get information on quitting?

If you smoke and want to quit, call the New York State Smokers' Quit Line at 1-866-NY-QUITS (1-866-697-8487), for free information, or visit [www.nysmokefree.com](http://www.nysmokefree.com).



STATE OF NEW YORK  
Department of Health

Antonia C. Novello, M.D., M.P.H., Dr. P.H., Commissioner

## A GUIDE FOR EMPLOYERS TO

# New York State's



Clearing the Air  
of Secondhand Smoke:  
Protecting the Health  
of New Yorkers

Effective July 24, 2003

# New York State's CLEAN INDOOR AIR ACT

Effective July 24, 2003, the amended New York State Clean Indoor Air Act (Public Health Law, Article 13-E) prohibits smoking in virtually all workplaces, including restaurants and bars. The changes in the Act reflect the state's commitment to ensuring that all workers are protected from secondhand smoke. Localities may continue to adopt and enforce local laws regulating smoking. However, these regulations must be at least as strict as the Clean Indoor Air Act.

## What is secondhand smoke?

Also called environmental tobacco smoke (ETS) secondhand smoke is a mixture of the smoke given off by the burning end of a cigarette, pipe or cigar, and the smoke exhaled from the lungs of smokers. The U.S. Environmental Protection Agency (EPA) reports that secondhand smoke contains more than 4,000 substances, 43 of which are known to cause cancer in humans or animals and many of which are strong irritants.

The EPA estimates that secondhand smoke causes up to 62,000 deaths each year among nonsmokers in the United States, including 3,000 deaths due to lung cancer alone. An estimated 300,000 children nationwide develop lower respiratory infections each year as a result of exposure to secondhand smoke, with approximately 15,000 of these children hospitalized due to their infections. And, exposure to secondhand smoke is a primary cause of asthma.

## Where is smoking prohibited?

The Act states that smoking shall not be permitted and that no person shall smoke in the following indoor areas:

- Places of employment;
- Bars;
- Restaurants;
- Enclosed indoor swimming areas;
- Public transportation including all ticketing, boarding and waiting areas; buses, vans, taxicabs and limousines;
- All places of employment where services are offered to children;
- All schools, including school grounds;
- All public and private colleges, universities and other educational and vocational institutions;
- General hospitals;
- Residential health-care facilities, except separately designated smoking rooms for adult patients;
- Commercial establishments used for the purpose of carrying on or exercising any trade, profession, vocation or charitable activity;
- All indoor arenas;
- Zoos; and
- Bingo facilities.

## Where is smoking permitted?

*Smoking is permitted in the following areas or businesses:*

- Private homes and private residences when not used for day care; private automobiles;
- Hotel or motel rooms rented to one or more guests;

- Retail tobacco businesses (primary activity is the retail sale of tobacco products and accessories, and the sale of other products is merely incidental);
- Membership associations where all duties related to the operation of the association are performed by volunteers who are not compensated in any manner;
- Cigar bars in existence prior to January 1, 2003 (where 10% or more of total annual gross income is from the sale of tobacco products); and
- Up to 25% of seating in outdoor areas of restaurants with no roof or ceiling enclosure may be designated smoking areas.

## Are there any special circumstances where smoking is permitted?

Yes. Smoking is allowed in restaurants, bars, hotel and motel conference rooms, catering halls, convention halls and other similar establishments ONLY when the enclosed areas are being used for the sole purpose of inviting the public to sample tobacco products and serving food and drink is incidental to such purpose. A business establishment may schedule no more than two days in a calendar year for these events.

## If my business is not listed in the above lists, does the act apply?

If your type of business is not specifically listed in the above lists, and you have employees, then you cannot allow smoking in your place of business.

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

**NOTICE OF COMPLIANCE  
TO EMPLOYEES**

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

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.

**NYS Workers' Compensation Board  
Centralized Mailing  
PO Box 5205**

**AVISO DE CUMPLIMIENTO  
A EMPLEADOS**

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

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 ó 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 en 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 podrá 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 o

**STATEMENT OF RIGHTS**

**TO ALL WORKERS WHO ARE INJURED WHILE WORKING OR WHO SUFFER FROM AN OCCUPATIONAL DISEASE**

**YOU MAY BE ENTITLED TO WORKERS' COMPENSATION BENEFITS**

1. You should file a claim for benefits within two years of the date you are injured, unless your injury is very minor, requiring no medical treatment and causing no lost time from work. If you do not file within two years your right to benefits may be lost. Obtain and file a claim form (Form C-3, or VF-3 for volunteer firefighters, or VAW-3 for volunteer ambulance workers) with the nearest Workers' Compensation Board office (see addresses below).
2. 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. (In volunteer firefighters' and volunteer ambulance workers' cases, compensation for lost time or loss of earning capacity may be payable from date of injury.)
3. You are entitled to obtain any necessary medical treatment related to your injury and you should do so immediately.
4. For the treatment of your work-related injury or illness, you may choose any physician, podiatrist, chiropractor, or psychologist (upon referral from an authorized physician) who is Board authorized and who is accepting workers' compensation patients. If, however, your employer is involved in a certified preferred provider organization (PPO) arrangement, you must obtain initial treatment for any workers' compensation injury or illness from the preferred provider organization. Employers participating in this statutory program are required to provide their employees with written notification describing their employees' rights and obligations under the program.
5. You should inform your doctor to file copies of medical reports concerning your claim with the Workers' Compensation Board and your employer's insurance company, which is indicated at the bottom of this form.
6. You should not pay any medical providers directly for treatment of your work-related injury or illness. 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.
7. The employer is liable for the replacement or repair of an employee's prosthesis (e.g., artificial members, false teeth, eyeglasses), which has been lost or damaged in the course of employment, whether or not there was bodily injury to the employee. You are also entitled to be reimbursed for drugs, crutches or any apparatus properly prescribed by your doctor, and transportation and other necessary expenses going to and from your doctor's office or hospital. (You should get receipts for all such expenses.)
8. You are entitled to be represented by an attorney or licensed representative, but it is not required. If you do hire an attorney or licensed representative, you should not pay him/her directly. Any fee will be set by the Board and will be deducted from your award.
9. Lost time and medical benefits are payable directly without a formal direction from the Board, unless your claim is disputed. If your claim is disputed on the grounds that your injury is not work-related or did not arise in the line of volunteer firefighter or ambulance worker duties, then you may qualify for disability benefits for non-work injuries. For more information on entitlement to disability benefits, contact the Workers' Compensation Board office nearest you.
10. You should go back to work as soon as you are able; compensation is never as high as your wage. If you need help returning to work, or with family or financial problems because of your injury, you should contact the nearest Board office and ask for a rehabilitation counselor or social worker.
11. Your employer may not ask you to waive your right to compensation nor may your employer deduct any money from your pay to contribute to the payment of workers' compensation insurance premiums. Further, you cannot be discharged or discriminated against because you filed a claim for workers' compensation 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 JOB-RELATED INJURY OR DISEASE, CONTACT ANY OFFICE OF THE WORKERS' COMPENSATION BOARD.**

This information is a simplified presentation of your rights under the Workers' Compensation Law. It is provided, as required by Section 110 of the Workers' Compensation Law, by your employer's insurance carrier:

INSERT NAME AND ADDRESS OF INSURANCE CARRIER

THE TRAVELERS INSURANCE COMPANIES  
P.O. BOX 4614  
BUFFALO, NY 14240-4614

KENNETH J. MUNNELLY  
CHAIR

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

THE WORKERS' COMPENSATION BOARD EMPLOYS AND SERVES PEOPLE WITH DISABILITIES WITHOUT DISCRIMINATION.

ESTADO DE NUEVA YORK  
Andrew M. Cuomo, Gobernador

## DECLARACION DE DERECHOS

JUNTA DE COMPENSACION OBRERA  
Kenneth J. Munnely, Presidente

### **A TODO EMPLEADO LESIONADO EN EL TRABAJO O QUE SUFRA DE ENFERMEDAD OCUPACIONAL: USTED PUEDE TENER DERECHO A BENEFICIOS DE COMPENSACION OBRERA**

1. Usted deberá presentar una reclamación de beneficios dentro del término de dos años del día en que fue lesionado, a menos que la lesión sea tan pequeña que no requiera tratamiento médico y que no cause interrupción en su jornada de trabajo. Si no radica dentro del término de dos años, puede perder sus derechos a beneficios. Consiga y radique una forma de reclamación (Forma C-3, o VF-3 para bomberos voluntarios, o VAW-3 para empleados voluntarios de ambulancias) en la oficina más cercana de la Junta de Compensación Obrera (direcciones más abajo).
2. 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 o 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. (Bomberos voluntarios y Trabajadores de Ambulancia Voluntarios pueden ser compensados desde el mismo día de su lesión.)
3. Usted tiene derecho a recibir tratamiento médico relacionado con su lesión y debe obtenerlo inmediatamente.
4. Para el tratamiento de cualquier lesión o enfermedad relacionada con el trabajo, usted puede escoger cualquier médico, podiatra, quiropráctico ó 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 en 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 esta programa establecida 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. 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 podrá ser responsable del pago de las facturas.
7. El patrono es responsable de la sustitución y reparación de aquellos implementos médicos que han sido perdidos o se han deteriorado como consecuencia del empleo, sin que importe el que el empleado haya o no sufrido lesión (Ej. miembros artificiales, dentadura postiza, espejuelos). Usted también tiene derecho a ser reembolsado por medicinas, muletas, o cualquier otro implemento debidamente recetado por su médico y por transportación u otro gasto necesario para ir al médico ó al hospital. (Obtenga recibos para justificar gastos.)
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. La compensación se paga inmediatamente, sin esperar por la adjudicación del caso, excepto cuando la reclamación es cuestionada. Si la reclamación es cuestionada en base a que la incapacidad no fue causada por un accidente relacionado con su trabajo ó por una enfermedad ocupacional ó por una lesión en el cumplimiento de su deber como bombero voluntario ó como miembro voluntario del cuerpo de ambulancia, usted puede tener derecho a recibir beneficios por incapacidad (para lesiones fuera del trabajo). Si su reclamación es cuestionada y no está recibiendo beneficios por incapacidad, comuníquese con cualquier oficina de la Junta.
10. Regrese a su trabajo tan pronto pueda. La compensación nunca es tan alta como su sueldo. Si necesita ayuda para regresar al trabajo ó para resolver problemas financieros ó personales por causa de la lesión sufrida, comuníquese con la oficina más cercana de la Junta y solicite hablar con un trabajador social o con un consejero de rehabilitación.
11. Su patrono no puede solicitar que usted le releve de su derecho a compensación, ni puede descontar cantidad alguna de su paga para contribuir al pago de las primas del seguro. Usted no podrá ser despedido ni penalizado por radicar una reclamación en la Junta.

SI TIENE DIFICULTAD EN CONSEGUIR UN FORMULARIO DE RECLAMACIÓN O NECESITA AYUDA PARA LLENARLO Ó TIENE DUDAS SOBRE CUALQUIER SITUACIÓN RELACIONADA CON UNA LESIÓN O ENFERMEDAD COMUNIQUESE CON LA OFICINA MAS CERCANA DE LA JUNTA.

Este resumen es una compilación de los puntos más importantes de sus derechos bajo la ley de compensación obrera. La sección 110 de la ley requiere de su patrono ofrecerle esta información.

INSERT NAME AND ADDRESS OF INSURANCE CARRIER

THE TRAVELERS INSURANCE COMPANIES  
P.O. BOX 4614  
BUFFALO, NY 14240-4614

KENNETH J. MUNNELLY  
PRESIDENTE

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



Department of Labor

Unemployment Insurance Division

Notice to Employees

Employer Registration Number

1-17 ER# 52-95815-4

MANDON LLC  
1961 DIAMOND SPRINGS RD  
VIRGINIA BCH VA 23455-2319

Employees of this firm are covered by the New York State Unemployment Insurance Law.

No deductions from wages may be made for this purpose.

If you are laid off, work less than four days a week, or resign, get a "Record of Employment" form from your employer. Keep this form.

Record of employment forms must have your employer's name, registration number, and address where payroll records are kept.

If you want to file an application for Unemployment Insurance:

Call the Telephone Claims Center at 1-888-209-8124 (translation services are available) or go to our website at [www.labor.ny.gov](http://www.labor.ny.gov)

Hearing impaired individuals who have telephone Device for the Deaf (TTY/TDD) equipment may file a claim by calling a relay operator at 1-800-662-1220 and requesting the operator call 1-888-783-1370. Service at this number is provided only to callers using TDD equipment.

*Roberta Reardon*

Roberta Reardon  
Commissioner

*Carlton N. Boorn*

Carlton N. Boorn  
Unemployment Insurance Director

To Employer: Post conspicuously in each workplace. For additional posters, write to:

NYS Department of Labor  
Liability and Determination Section  
Harriman State Office Campus  
Albany, NY 12240

LA 133 (07/16)

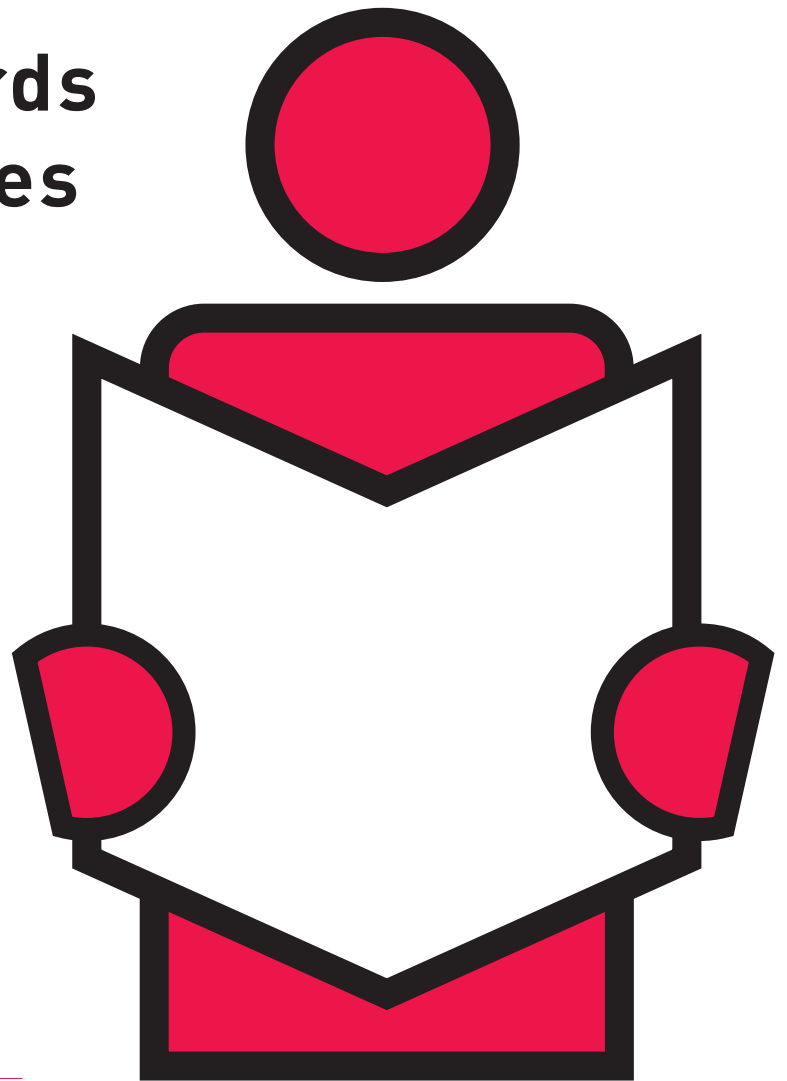
Equal Opportunity Employer/Program – Auxiliary aids and services are available upon request to individuals with disabilities.

# 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:



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Name

---

Location & Phone Number

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

MANCON, LLC

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.

Standard Security Life Insurance Company of NY  
485 Madison Avenue – 14th floor  
New York, NY 10022  
646-509-2100

Policy #:                     D88824-000                     Effective From:           1/1/2017           To:           9/30/2020          

Statutory       Under a Plan or Agreement

Class(es) of Employees Covered:

ALL ELIGIBLE UNDER DBL 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.



# 2021 STATEMENT OF RIGHTS



## Paid Family Leave

If you need to take time off from work to care for a family member, you may be entitled to paid family leave benefits

**Paid Family Leave is employee-funded 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; or
- **ASSIST** loved ones when a spouse, domestic partner, child or parent is called to active military service abroad.

Paid Family Leave may also be available for use in situations when you or your minor dependent child are under an order of quarantine or isolation due to COVID-19. See [PaidFamilyLeave.ny.gov/COVID19](https://PaidFamilyLeave.ny.gov/COVID19) for full details.

### Eligibility:

- Employees with a regular work schedule of 20 or more hours per week are eligible after 26 consecutive weeks of employment.
  - Employees with a regular work schedule of less than 20 hours per week are eligible after 175 days worked.
- Citizenship or immigration status is not a factor in your eligibility.

### Benefits:

In 2021, you can take up to 12 weeks of Paid Family Leave and receive 67% of your average weekly wage, capped at 67% of the New York State Average Weekly Wage. Generally, your average weekly wage is the average of your last eight weeks of pay prior to starting Paid Family Leave.

### Rights and Protections:

- **Job Protection:** Return to the same or comparable job after you take leave.
- You keep your **health insurance** while on leave (you may have to continue paying your portion of the premium costs, if any).
- Your employer is **prohibited from discriminating or retaliating** against you for requesting or taking Paid Family Leave.
- You do not have to exhaust sick leave or vacation accruals before using Paid Family Leave.

### Paid Family Leave Request Process:

1. Notify your employer at least 30 days in advance, if foreseeable, or as soon as possible.
2. Complete and submit the *Request for Paid Family Leave (Form PFL-1)* to your employer.
3. Complete and attach the additional forms as required and submit to the insurance carrier listed below within 30 days of starting your leave, to avoid losing benefits.
4. In most cases, the insurance carrier must pay or deny benefits within 18 calendar days of receiving your completed request or your first day of leave, whichever is later.

You may obtain all forms from your employer, their insurance carrier listed below or online at [PaidFamilyLeave.ny.gov/Forms](https://PaidFamilyLeave.ny.gov/Forms).

### Disputes:

If your Paid Family Leave claim is denied, you may request to have the denial reviewed by a neutral arbitrator. The insurance carrier listed below will provide you with information about requesting arbitration.

### Discrimination Complaints:

If your employer terminates your employment, reduces your pay and/or benefits, or disciplines you in any way as a result of you requesting or taking Paid Family Leave, you may request to be reinstated by taking these steps:

1. Complete the *Formal Request for Reinstatement Regarding Paid Family Leave (Form PFL-DC-119)*.
2. Send your completed form to your employer and a copy of the completed form to:  
Paid Family Leave, P.O. Box 9030, Endicott, NY 13761-9030
3. If your employer does not reinstate you or take other corrective action within 30 days, you may file a discrimination complaint with the Workers' Compensation Board using the *Paid Family Leave Discrimination/Retaliation Complaint (Form PFL-DC-120)*. The Workers' Compensation Board will assemble your case and schedule a hearing.
4. There are other state and federal laws that protect employees from discrimination. Additional information is available at [PaidFamilyLeave.ny.gov](https://PaidFamilyLeave.ny.gov).

For more information, forms and instructions, visit [PaidFamilyLeave.ny.gov](https://PaidFamilyLeave.ny.gov) or call the PFL Helpline (844)-337-6303

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 Paid Family Leave benefits insurance carrier is:

Standard Security Life Insurance Co. of NY (646) 509-2100

PRESCRIBED BY THE CHAIR,  
WORKERS' COMPENSATION BOARD

NYS Paid Family Leave  
PO Box 9030, Endicott NY 13761

# 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 impracticality, 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>

New York State Election Law  
(As amended by Chapter 56 of the Laws of 2020)

§ 3-110. Time allowed employees to vote. 1. If a registered voter does not have sufficient time outside of his or her scheduled working hours, within which to vote on any day at which he or she may vote, at any election, he or she may, without loss of pay for up to two hours, take off so much working time as will, when added to his or her voting time outside his or her working hours, enable him or her to vote.

2. If an employee has four consecutive hours either between the opening of the polls and the beginning of his or her working shift, or between the end of his or her working shift and the closing of the polls, he or she shall be deemed to have sufficient time outside his or her working hours within which to vote. If he or she has less than four consecutive hours he or she may take off so much working time as will, when added to his or her voting time outside his or her working hours enable him or her to vote, but not more than two hours of which shall be without loss of pay, provided that he or she shall be allowed time off for voting only at the beginning or end of his or her working shift, as the employer may designate, unless otherwise mutually agreed.

3. If the employee requires working time off to vote the employee shall notify his or her employer not more than ten nor less than two working days before the day of the election that he or she requires time off to vote in accordance with the provisions of this section.

4. Not less than ten working days before every election, every employer shall post conspicuously in the place of work where it can be seen as employees come or go to their place of work, a notice setting forth the provisions of this section. Such notice shall be kept posted until the close of the polls on election day.

**ATTENTION ALL EMPLOYEES**  
**TIME ALLOWED EMPLOYEES TO VOTE ON ELECTION DAY**  
N.Y. ELECTION LAW SECTION 3-110<sup>1</sup> STATES THAT:

- **IF YOU DO NOT HAVE 4 CONSECUTIVE HOURS TO VOTE, EITHER FROM THE OPENING OF THE POLLS TO THE BEGINNING OF YOUR WORKING SHIFT, OR BETWEEN THE END OF YOUR WORKING SHIFT AND THE CLOSING OF THE POLLS, YOU MAY TAKE OFF UP TO 2 HOURS, WITHOUT LOSS OF PAY, TO ALLOW YOU TIME TO VOTE IF YOU ARE A REGISTERED VOTER.**
  
- **YOU MAY TAKE TIME OFF AT THE BEGINNING OR END OF YOUR WORKING SHIFT, AS YOUR EMPLOYER MAY DESIGNATE, UNLESS OTHERWISE MUTUALLY AGREED.**
  
- **YOU MUST NOTIFY YOUR EMPLOYER NOT LESS THAN 2 DAYS, BUT NOT MORE THAN 10 DAYS, BEFORE THE DAY OF THE ELECTION THAT YOU WILL TAKE TIME OFF TO VOTE.**

Revised 4.14.2020

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<sup>1</sup> Employers: Not less than ten working days before any Election Day, every employer shall post conspicuously in the place of work where it can be seen as employees come or go to their place of work, a notice setting forth the provisions of this law. Such notice shall be kept posted until the close of the polls on Election Day.