New Mexico State Postings in Inching in Inch



DISCRIMINATION is against the law. If you feel that you have been discriminated against, visit our website or contact us.

DISCRIMINACIÓN ES CONTRA LA LEY.

Internet o póngase en contacto con nosotros.

2000 Certilios Rd Sunta Fe, NM 87509

USE OF PAID SICK LEAVE

REASON FOR USE OF LEAVE

PAID SICK LEAVE

REASONABLE DOCUMENTATION

DOCUMENT RETENTION

RETALIATION PROHIBITED

New Mexico Minimum Wage Act **EMPLOYEE RIGHTS**

WORKFORCE)

MINIMUM WAGE IN NEW MEXICO

\$12 per hour as of January 1, 2023

At least 1% times your reg worked over 40 in a works

TIPPED WORKERS

NO SEPARATE RATE FOR STUDENTS OR

ENFORCEMENT The Labor Partition

ADDITIONAL INFORMATION Certain jobs or employers are exem

WORKERS' COMPENSATION Notice to Employers / Employees

NOTICE ON **HUMAN TRAFFICKING**

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

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

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

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

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

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

State of New Mexico Workers' Compensation Administration

NEW MEXICO

DSHA

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

18/69hone No./Numero de 18/69hone 505-476-8700 or 1-877-610-6742



NEW MEXICO JOB HEALTH AND SAFETY POSTER

You Have a Right to a Safe and Healthful Workplace

IT'S THE LAW!

WORKERS' COMPENSATION ACT

If You Are Injured At Work

dico – in most cases you must tell your employer it the accident within 15 days, using the Notice of

Si Se Lastima En El Trabajo

Autes. – En la magerta de los casos ested debe de avisarie a su empleado del accidente dentre de las primeros 15 dios asando las formas de Avisa de

<mark>Salud de Tr</mark>abajo y Cartel de Seguridad <mark>Ustad Tiene el Ders</mark>cho a un Lugar de Trabajo Seguro y Saludable.

ILO ESTABLECE LA LEY!







Employer's Insurer / Claims Representative:

Phone #:

YOUR RIGHTS

four employer / insurer must pay all reasonable and recovery medical code.

pergus: Farmington: Hobbs: Las Crices: Las Vegas: Rosselt: Santa Fe.
-1687-5687 1-000-568-7310 1-000-64-2450 1-000-870-6600 1-000-281-7665 1-000-281-7665 1-000-64-76-7301
-441-6600 1-006-569-9749 1-575-587-3455 1-575-524-6646 1-000-644-9251 1-575-523-9897

If You Need HELP Call: Si Usted Necesita Avuda Llame Al:

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

For Notice of Addident Forms Colt. 1-666-997-5667 USE A MOTICE OF ADDIDENT FORM TO REPORT YOUR ADDIDENT TO YOUR SUPI

SUS DERECHOS

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



iHRSource www.ihrsource.com 800-848-0088

These files may not be printed out and posted to meet legal compliance posting requirements. Required posters to meet legal compliance posting

ALLC 20240815

Compliance Date January 2023



requirements are physically posted at all CarMax locations.

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