



NOTE: OSHA REQUIRES THAT REPRODUCTIONS OR FACSIMILES OF THE POSTER BE AT LEAST 8.5" X 14" INCHES WITH 10 POINT TYPE.



U.S. Department of Labor



Occupational Safety and Health Administration

# Job Safety and Health

# IT'S THE LAW!


**All workers have the right to:**

- A safe workplace.
- Raise a safety or health concern with your employer or OSHA, or report a work-related injury or illness, without being retaliated against.
- Receive information and training on job hazards, including all hazardous substances in your workplace.
- Request a confidential OSHA inspection of your workplace if you believe there are unsafe or unhealthy conditions. You have the right to have a representative contact OSHA on your behalf.
- Participate (or have your representative participate) in an OSHA inspection and speak in private to the inspector.
- File a complaint with OSHA within 30 days (by phone, online or by mail) if you have been retaliated against for using your rights.
- See any OSHA citations issued to your employer.
- Request copies of your medical records, tests that measure hazards in the workplace, and the workplace injury and illness log.

**Employers must:**

- Provide employees a workplace free from recognized hazards. It is illegal to retaliate against an employee for using any of their rights under the law, including raising a health and safety concern with you or with OSHA, or reporting a work-related injury or illness.
- Comply with all applicable OSHA standards.
- Notify OSHA within 8 hours of a workplace fatality or within 24 hours of any work-related inpatient hospitalization, amputation, or loss of an eye.
- Provide required training to all workers in a language and vocabulary they can understand.
- Prominently display this poster in the workplace.
- Post OSHA citations at or near the place of the alleged violations.

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



This poster is available free from OSHA.

Contact OSHA. We can help.

1-800-321-OSHA (6742) • TTY 1-877-889-5627 • www.osha.gov

## Equal Employment Opportunity

**Know Your Rights:**  
**Workplace Discrimination is Illegal**

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

**Who is Protected?**

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

**What Organizations are Covered?**

- Most private employers
- State and local governments (except for the armed forces)
- Educational institutions (as employers)
- Unions
- Staffing agencies

**What Types of Employment Discrimination are Illegal?**

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

- Race
- Color
- Sex (including pregnancy)
- National origin
- Sex (including pregnancy and related conditions, sexual orientation, or gender identity)
- Age (40 and older)
- Disability
- Genetic information (including employer requests for, or purchase, use, or disclosure of genetic tests, genetic services, or family medical history)
- Religion (for hiring or firing, or reasonably opposing discrimination, or participating in a discrimination lawsuit, investigation, or proceeding)

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

All aspects of employment, including:

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

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

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

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

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

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

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

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

**EMPLOYERS HOLDING FEDERAL CONTRACTS OR SUBCONTRACTS**

The Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) enforces the nondiscrimination and affirmative action commitments of companies doing business with the Federal Government.

**Race, Color, Religion, Sex, Sexual Orientation, Gender Identity, National Origin**

Executive Order 11246, as amended, prohibits employment discrimination by Federal contractors based on race, color, religion, sex, sexual orientation, gender identity, or national origin, and requires affirmative action to ensure equality of opportunity in all aspects of employment.

**Asking About, Disclosing, or Discussing Pay**

Executive Order 11246, as amended, protects applicants and employees of Federal contractors from discrimination based on inquiring about, disclosing, or discussing their employment or the compensation of other applicants or employees.

**Disability**

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

**Protected Veteran Status**

The Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, 38 U.S.C. 4212, prohibits employment discrimination against any veteran who is an applicant or employee, or where employment discrimination causes or may cause discrimination in providing services under such programs. Title IX of the Education Amendments of 1972 prohibits employment discrimination on the basis of sex in educational programs or activities which receive Federal financial assistance.

**Individuals with Disabilities**

Section 504 of the Rehabilitation Act of 1973, as amended, prohibits employment discrimination on the basis of disability in any program or activity which receives Federal financial assistance. Discrimination is prohibited in all aspects of employment against persons with disabilities who, with or without reasonable accommodation, can perform the essential functions of the job.

If you believe you have been discriminated against in a program of any institution which receives Federal financial assistance, you should immediately contact the Federal agency providing such assistance.

## Polygraph Protection

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

**PROHIBITIONS**

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

**EXEMPTIONS**

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

**USERRA**

**HEALTH INSURANCE PROTECTION**

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

**ENFORCEMENT**

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

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

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

## USERRA

**EMPLOYER RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT**

**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 1 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.

**BENEFITS & PROTECTIONS:** 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.

**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
- Be at least 18 years old.

**Family Medical Leave Act**

**WORKING WHILE ON FMLA LEAVE**

- 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. Employees may 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.

**EMPLOYER RESPONSIBILITIES:** 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. Employees must notify their employees if employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

**ENFORCEMENT:** 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.

For additional information: 1-866-4-USWAGE (1-866-487-9243) TTY: 1-877-889-5627 [www.dol.gov/vets](https://www.dol.gov/vets)

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

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- 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.

**BENEFITS & PROTECTIONS:** 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.

**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
- Be at least 18 years old.

**Family Medical Leave Act**

**WORKING WHILE ON FMLA LEAVE**

- 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. Employees may 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.

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**ENFORCEMENT:** 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.

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

## Discrimination

**EQUAL OPPORTUNITY IS THE LAW**

It is against the law for the recipient of Federal financial assistance to discriminate on the following bases: against any individual in the United States, on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, or political affiliation or belief, or against any beneficiary of, applicant to, or participant in programs financially assisted under Title I of the Workforce Innovation and Opportunity Act, on the basis of the individual's citizenship status or participation in any WIOA Title I-financially assisted program or activity.

The recipient must not discriminate in any of the following areas: deciding who, will be admitted, or have access, to any WIOA Title I-financially assisted program or activity; providing opportunities in, or treating any person with regard to, such a program or activity; or making employment decisions in the administration of, or in connection with, such a program or activity.

Recipients of federal financial assistance must take reasonable steps to ensure that communications with individuals with disabilities are as effective as communications with others. This means that, upon request and at no cost to the individual, recipients are required to provide appropriate auxiliary aids and services to qualified individuals with disabilities.

**WHAT TO DO IF YOU BELIEVE YOU HAVE EXPERIENCED DISCRIMINATION**

If you think that you have been subjected to discrimination under a WIOA Title I-financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either: the recipient's Equal Opportunity Officer (or the person whom the recipient has designated for this purpose);

**State-level WIOA Equal Opportunity Officer**  
Mississippi Department of Employment Security  
P.O. Box 1689, Jackson, MS 39215-1689  
Phone: 601-321-1627  
Email: [eeo@mdes.ms.gov](mailto:eeo@mdes.ms.gov)  
Fax: 601-321-6031 TDD: 800-582-2233

or

**Director, Civil Rights Center (CRC)**  
U.S. Department of Labor  
200 Constitution Avenue  
NW, Room N-4123, Washington, DC 20210  
or electronically as directed on the CRC website at [www.dol.gov/crc](http://www.dol.gov/crc).

If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above). If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you may file a complaint with CRC before receiving that Notice. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient). If the recipient does not give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

## Workers' Compensation Senate Bill

**20 Miss. Admin. Code, Pt. 1, R. 2.20; Mississippi Workers' Compensation Commission Procedural Rule 20 (final text of the rule as it will appear for publication in the Administrative Code):**  
Rule 2.20 Filing of Pleadings and Other Documents. Except for the claimant's petition to convert (in triplicate), proposed order for approval of settlement (original and three copies), and briefs to the Full Commission (original and two copies) of one copy of a pleading or other document is required to be filed to the Commission. Once a case is controverted, each party shall certify that he or she has sent a copy of the pleading or other document to each other party to the case.

Any document or pleading prepared by an attorney for a party shall contain the typed or printed name, official Mississippi Bar identification number, address, telephone number, facsimile number, and email address of the attorney. All pleadings and other documents filed with the Commission, including any stenographically reported names, shall be typed or printed on letter size (8-1/2" x 11") paper to conform with the Mississippi Rules of Civil Procedure and the Mississippi Rules of Appellate Procedure and shall contain the style of the case and Commission file number.

Any proposed order submitted to the Commission or Administrative Judge shall be signed by the party preparing the order, and where the proposed order is an agreed or joint order, such as an order approving settlement, it must be signed and approved by an attorney or other legal representative for each party.

This Rule shall be in force and effect on and after November 1, 2012.

**20 Miss. Admin. Code, Pt. 1, R. 2.21; Mississippi Workers' Compensation Commission Procedural Rule 21 (final text of the rule as it will appear for publication in the Administrative Code):**  
Rule 2.21 Address, Phone and E. Parties. Every party to a controverted or non-controverted case must keep the Commission informed of their current address and telephone number. Attorneys representing a party in any such case shall also keep the Commission informed of their current address, telephone number, facsimile number, and email address. The most recent contact information on file with the Commission shall be presumed correct unless the Commission is notified otherwise in writing.

This Rule shall be in force and effect on and after November 1, 2012.

**20 Miss. Admin. Code, Pt. 1, R. 1.7(B)(10)(a); Mississippi Workers' Compensation General Rule 7(B)(10)(a): (final text of the rule as it will appear for publication in the Administrative Code):**  
(10) Payment of Premium.  
a. Each group self-insurer shall establish to the satisfaction of the Commission a premium payment plan which shall include either (1) an annual payment by each member of at least 25% of that member's annual premium before the start of the group self-insurer's fund year and (2) payment of the balance of each member's annual premium in monthly or quarterly installments. Alternatively, a payment plan may allow any member(s) to make an initial deposit payment equal to 10% of that member's then annual premium, which 10% deposit payment shall be held by the group self-insurer as a permanent deposit. The member's entire annual premium, exclusive of the 10% deposit, may be paid annually, or in monthly or quarterly installments.

This Rule shall be in force and effect on and after November 1, 2012.

**Mississippi Workers' Compensation Medical Fee Schedule, Dispute Resolution Rules II. (Final text of the rule as it will appear for publication in the Medical Fee Schedule):**  
**II. FORMS AND DOCUMENTATION**  
A. Valid requests for resolution of a dispute must be submitted on the "Request for Resolution of Dispute" form (in the Forms section) along with the following:  
1. Copies of the original and resubmitted bills in dispute that include dates of service, procedure codes, charges for services rendered and any payment received, and an explanation of any unusual services or circumstances;  
2. AOR including the specific reimbursement;  
3. Supporting documentation and correspondence;  
4. Specific information regarding contact with the payer; and  
5. Any other information deemed relevant by the applicant for dispute resolution.  
B. A request for Resolution of Dispute must be submitted to:  

Mississippi Workers' Compensation Commission  
Cost Containment Division  
1428 Lafayette Drive  
P.O. Box 5300  
Jackson, MS 39296-5300

C. A party, whether payer, provider, patient, or any representative of such parties, shall certify that a copy of the Request for Resolution of Dispute, and any supporting documentation, being filed with the Commission has been provided to the other interested parties or their representatives by personal delivery, United States Mail, facsimile or other electronic submission guaranteed to accomplish receipt, simultaneously with the filing to the Commission. This requirement shall also apply when a party files a request seeking review of a dispute by the Commission.

Effective on and after November 1, 2012.

## Workers' Compensation Senate Bill

**MISSISSIPPI WORKERS' COMPENSATION NOTICE OF COVERAGE**

I. Please take notice that your employment is in compliance with the requirements of the Mississippi Workers' Compensation Law, and [selected one] has been approved by the Mississippi Workers' Compensation Commission to act as a self-insurer, or [maintains workers' compensation insurance coverage with the following:]

(Name of insurance carrier or self-insurance group)

(address & telephone number)

II. Individual workers' compensation claims will be submitted to and processed by:

(Name of third party claims administrator or claims office)

(address & phone number)

III. This workers' compensation coverage is effective for the following period:

to

(Title & Department/Division)

V. Please be advised that any person who willfully makes any false or misleading statement or representation for the purpose of obtaining or wrongfully withholding any benefit or payment under the Mississippi Workers' Compensation Law may be charged with violation of Miss. Code Ann. §71-3-69 (Rev. 2000) and upon conviction be subjected to the penalties therein provided. 2001 M.W.C.C. Notice of Coverage Form

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## 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 do not 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 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.

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

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

## IRS Withholding

**YOU MAY NEED TO CHECK YOUR WITHHOLDING**  
Since you last filed Form W-4 with your employer did you...  
Marry or divorce?  
Gain or lose a dependent?  
Change your name?

**Were there major changes to...**  
Your nonwage income (interest, dividend, capital gains, etc.)?  
Your family wage income (you or your spouse started or ended a job)?  
Your itemized deductions?  
Your tax credits?

**If you can answer "yes"...**  
To any of these or you owed extra tax when you filed your last return, you may need to file a new Form W-4. See your employer for a copy of Form W-4 or call the IRS at 1-800-829-3676. Now is the time to check your withholding. For more details, get Publication 919, How Do I Adjust My Tax Withholding?, or use the Withholding Calculator at [www.irs.gov/individuals](http://www.irs.gov/individuals) on the IRS website.

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

## Unemployment Insurance

Unemployment Insurance for Employees  
IMPORTANT

This employer is registered with the Mississippi Department of Employment Security, and the employees are covered by Unemployment Insurance. This insurance is carried to protect you in case you become unemployed through no fault of your own.

Nothing is deducted from your pay to cover its cost.

NOTICE TO EMPLOYEES  
Availability of Unemployment Compensation

Unemployment Insurance (UI) benefits are available to workers who are unemployed and who meet the requirements of UI eligibility laws for the state of Mississippi.

You may file a UI claim with the Mississippi Department of Employment Security (MDES) in the first week that employment stops or work hours are reduced.

TO FILE AN UNEMPLOYMENT CLAIM:

- Visit our website at [MDES.MS.GOV](http://MDES.MS.GOV)
- Call MDES at 1-888-844-3577 from 7:00 am to 10:00 pm seven days a week. Call wait time may be longer during peak hours and seasons
- Email questions to [BenefitPay@mdes.ms.gov](mailto:BenefitPay@mdes.ms.gov)

THE FOLLOWING INFORMATION WILL BE NEEDED TO COMPLETE YOUR CLAIM BY PHONE:

- Full legal name;
- Social Security Number;
- Driver's License Number or State Issued Identification number;
- Alien Registration Number or Visa Number if you are not a U.S. citizen;
- Names and addresses of employers you worked for in the last eighteen (18) months
- The dates you worked and the reason you are no longer working for each employer

If you experience issues or need more information about filing a UI claim, you can quickly find the answers to most questions on our website under **FREQUENTLY ASKED QUESTIONS.**

To file a UI claim online visit: [MDES.MS.GOV](http://MDES.MS.GOV)  
To file a UI claim by phone call: 1-888-844-3577

## Payday Notice

PAYDAY IS ON

☐ MONDAY ☐ TUESDAY ☐ WEDNESDAY ☐ THURSDAY ☐ FRIDAY ☐ SATURDAY ☐ SUNDAY

PAY SCHEDULE IS

☐ WEEKLY ☐ BI-WEEKLY ☐ SEMI-MONTHLY ☐ MONTHLY ☐

PAYCHECKS ARE ISSUED ON THE \_\_\_\_\_ AND \_\_\_\_\_ OF THE MONTH

AT: \_\_\_\_\_ TIME: \_\_\_\_\_

## Emergency Notice

AMBULANCE: \_\_\_\_\_ FIRE-RESCUE: \_\_\_\_\_

HOSPITAL: \_\_\_\_\_ PHYSICIAN: \_\_\_\_\_

ALTERNATE: \_\_\_\_\_ POLICE: \_\_\_\_\_

OSHA: \_\_\_\_\_ HAZARDOUS MATERIAL: \_\_\_\_\_