

cidents occurring on or before August 9, 2022, a statutory six (6) month filing deadline applies **State Minimum Wage** cutives/supervisors, administrators, and professionals paid at least a salary (not hourly wages) of 100 in 2022 (\$50,000 in 2023, \$55,000 in 2024, then inflation-adjusted), except \$28.92/hour for highly riculture: certain work requires more breaks; other is exempt (Rule 2.3, & Agricultural Labor Conditions is Poster is a summary and cannot be relied on as complete labor law information . For all rules , fact sheets , translations , questions , or complaints , contact:

DIVISION OF LABOR STANDARDS & STANDSTADS . ColoradoLaborLaw.gov, cdle\_labor\_standards@state.co.us, 303-318-8441 / 888-390-7936

## **Family & Medical Leave Insurance**

ring for a new child during the first year after the birth, adoption, or foster care placement of that child of paid family and medical leave per year for a total of 16 weeks. ve will be paid at a rate of up to 90% of the employee's average weekly wage, based on a sliding scale. Employees may estimate their benefits by using the benefits calculator available at famil. colorado.go ave to work for your employer a minimum amount of time in order to qualify for paid family and medical leave benefit

AMLI leave is used for a reason that also qualifies as leave under the federal FMLA, then the leave will also count as FMLA leave used.

noose to use sick leave or other paid time off before using FAMLI benefits, but they are not required to do so.

ProService HAWAII

MAIN PHONE: 303-894-2997; HOTLINE ESPANOL: 720-432-4294; TOLL-FREE: 800-262-4845; V/TTD RELAY: 711; FAX: 303-894-7830; EMAIL: DORA\_CCRD@STATE.CO.US

**Hazard Communication SDS** 

Employers must ensure that SDSs are readily accessible to employees See Appendix D of 1910.1200 for a detailed description of SDS contents.

**Emergency Notice** 

**Payday Notice** 

□ MONDAY □ TUESDAY □ WEDNESDAY □ THURSDAY □ FRIDAY □ SATURDAY □ SUNDAY

PAY SCHEDULE IS

AMBULANCE:

**ALTERNATE** 

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

TO REORDER, CALL 1-888-488-7678 OR ORDER AT STATEANDFEDERALPOSTER.COM

PAYCHECKS ARE ISSUED ON THE





OF THE MONTH

**Workers' Compensation** 

**COLORADO DEPARTMENT OF** LABOR AND EMPLOYMENT **DIVISION OF WORKERS'** COMPENSATION

## **NOTICE**

IF YOU ARE INJURED ON THE JOB, YOU HAVE RIGHTS UNDER THE COLORADO WORKERS' **COMPENSATION ACT. YOUR EMPLOYER IS REQUIRED BY** LAW TO HAVE WORKERS' **COMPENSATION INSURANCE. THE COST OF THE INSURANCE IS PAID** ENTIRELY BY YOUR EMPLOYER. IF YOUR EMPLOYER DOES NOT HAVE WORKERS' COMPENSATION INSURANCE, YOU STILL HAVE RIGHTS UNDER THE LAW.

IT IS AGAINST THE LAW FOR YOUR EMPLOYER TO HAVE A POLICY CONTRARY TO THE REPORTING REQUIREMENTS SET FORTH IN THE COLORADO WORKERS' COMPENSATION ACT. YOUR EMPLOYER IS INSURED THROUGH:

(Please write or type your insurance carrier name and contact information here

IF YOU ARE INJURED ON THE JOB, NOTIFY YOUR EMPLOYER AS SOON AS YOU ARE ABLE, AND REPORT YOUR INJURY TO YOUR **EMPLOYER IN WRITING WITHIN** 10 DAYS AFTER THE INJURY. DO NOT REPORT YOUR INJURY PROMPTLY, YOU MAY STILL PURSUE A CLAIM. ADVISE YOUR EMPLOYER IF YOU NEED MEDICAL TREATMENT. IF YOU **OBTAIN MEDICAL CARE, BE SURE** TO REPORT TO YOUR EMPLOYER **AND HEALTH-CARE PROVIDER** HOW, WHEN, AND WHERE THE INJURY OCCURRED.

YOU MAY FILE A WORKER'S **CLAIM FOR COMPENSATION WITH** THE DIVISION OF WORKERS' **COMPENSATION. TO OBTAIN** FORMS OR INFORMATION **REGARDING THE WORKERS'** COMPENSATION SYSTEM, THE **CUSTOMER SERVICE CONTACT** INFORMATION FOR THE DIVISION OF WORKERS' COMPENSATION IS:

Division of Workers' Compensation 633 17th Street, Suite 400 Denver, CO 80202

> 303-318-8700 1-888-390-7936 (Toll-Free) cdle.colorado.gov/dwc