

New Mexico State Postings



DISCRIMINATION is against the law.

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

NEW MEXICO HUMAN RIGHTS ACT

The Human Rights Bureau enforces the provisions of the Human Rights Act of 1968, which prohibits the Human Rights Bureau from a work-sharing agreement with the Equal Employment Opportunity Commission (EEOC) to enforce the provisions of federal law under Title VII of the Civil Rights Act of 1964, the Age Discrimination in Employment Act of 1967 (ADEA), and the Americans with Disabilities Act of 1990 (ADA), all as amended. Penalties and remedies under Title VII of 1968 (ADA), all as amended. Penalties and remedies under Title VII of 1968 (ADA), all as amended.

- Race
- Color
- National Origin
- Ancestry
- Sex

- Age
- Disability
- Physical Handicap
- Religion

ENFORCEMENT

The New Mexico Department of Workforce Solutions Division of Employment and Training enforces the provisions of the Human Rights Act, except as provided in the Americans with Disabilities Act of 1990 (ADA), all as amended. Penalties and remedies under Title VII of 1968 (ADA), all as amended.

www.dws.state.nm.us

Human Rights Bureau

2000 Corralitos Rd

Santa Fe, NM 87505

Office: (505) 827-4038

Toll-Free: (800) 556-8471

Fax: (505) 827-4078

DISCRIMINACION ES CONTRA LA LEY.

Si siente que ha sido discriminado, visite nuestra página por internet o póngase en contacto con nosotros.

LAW OF DEFENSES HUMANOS DE NUEVO MEXICO

El Buró de Derechos Humanos impone las disposiciones de la Ley de Derechos Humanos de 1968 (ADA), todas las enmendadas. Penalties and remedies under Title VII of 1968 (ADA), all as amended. Penalties and remedies under Title VII of 1968 (ADA), all as amended.

- Raza
- Color
- Origen Nacional
- Ancestralidad
- Sexo

- Edad
- Discapacidad
- Deficiencia Física
- Religión

COMPLIMIENTO

El Buró de Derechos Humanos del Departamento de Soluciones de Fuerza Laboral de Nuevo México impone las disposiciones de la Ley de Derechos Humanos de 1968 (ADA), todas las enmendadas. Penalties and remedies under Title VII of 1968 (ADA), all as amended.

Buró de Derechos Humanos

2000 Corralitos Rd

Santa Fe, NM 87505

Oficina: (505) 827-4038

Línea Gratuita: (800) 556-8471

Fax: (505) 827-4078

PAID SICK LEAVE

Notice of Employee Rights

Healthy Workplace Act - NMSA 50-17-1 to 50-17-12
Effective date: July 1, 2022

Labor Relations Division

601 Broadway, NE, Albuquerque, NM 87102
Albuquerque: (505) 841-4400 • Santa Fe: (505) 827-4038
Las Cruces: (505) 348-4400

ACCURAL

Employees accrue one hour of earned sick leave for every thirty hours worked, starting their first day of work. Up to 60 hours of accrued earned sick leave can carry over year-over-year.

The Act provides minimum requirements, other laws or employer policies may provide for more accrual, use, or carry over of earned sick leave. The Act does not preempt or override the terms of any collective bargaining agreement.

USE OF PAID SICK LEAVE

Employees may use up to 60 hours of earned sick leave per twelve-month period. If they work enough hours, individual employees may be at a higher level. Employees may request within the 12-month period begins.

PAY

Used sick leave is compensated at the employer's usual hourly rate and benefits. The hourly rate must be at least minimum wage.

REASON FOR USE OF LEAVE

- Employee's treatment or diagnosis of illness, injury, or disability condition, or preventative medical care.
- Care of employee's family member for treatment or diagnosis of illness, injury, health condition, or preventative medical care.
- Meeting with employee's clergy or health or disability professional.
- Absence necessary because of and related to domestic abuse, sexual assault, or stalking suffered by the employee or their family member.

USE OF SICK LEAVE

Employees must grant use of earned sick leave upon the oral or written request of the employee. Employees may not condition the employer's benefit of accrued sick leave on the employee searching for or finding a replacement worker to cover during the employee's absence. An employer may require an employee to use other paid leave before the employee uses sick leave remaining for the Act. An employer may require an employee to use other paid leave before the employee uses sick leave remaining for the Act. An employer may require an employee to use other paid leave before the employee uses sick leave remaining for the Act. An employer may require an employee to use other paid leave before the employee uses sick leave remaining for the Act.

NOTICE

An employer must give written or electronic notice of employee rights and the Act's terms and provisions to an employee at the start of employment. This notice must be in English, Spanish, or any language that is the first language spoken by at least 10 percent of the employer's employees, as requested by the employee.

REASONABLE DOCUMENTATION

An employer may require reasonable documentation verifying the sick leave was used for a covered purpose. If the employee uses for more consecutive workdays than the Act allows, employees must treat all information obtained related to employee taking sick leave as confidential.

DOCUMENT RETENTION

Employers must keep records concerning hours worked by employees and earned sick leave accrued for employees for four years.

RETRIBUTION PROHIBITED

Employees may not take or threaten an adverse action against an employee that is reasonably likely to deter employees from exercising or attempting to exercise their rights under the Act. Employees may not retaliate because an employee takes action under the Act, exercises their rights under the Act, or participates in investigations or legal proceedings related to alleged violations of the Act.

COMPLIANCE PROCESS

Example of violation related to the following: denying use or delaying payment of earned sick leave, conditionally requiring medical documentation, imposing an unreasonable assignment or schedule, treating, disciplining, or terminating an employee who has taken or attempted to take any leave under the Act, or any other employment action considered less favorable.

New Mexico Minimum Wage Act

EMPLOYEE RIGHTS

MINIMUM WAGE IN NEW MEXICO

\$12 per hour as of January 1, 2023

OVERTIME PAY

After 1 1/2 times your regular hourly rate of pay for all hours worked over 40 in a workweek.

TIPPED WORKERS

Employers must pay tipped employees an hourly rate of at least \$2 per hour. If the tips plus the hourly rate is not equal at least \$12 per hour, the employer must make up the difference. Tipped employees have a right to keep all their tips. Tip pooling may only be among wait staff.

NO SEPARATE RATE FOR STUDENTS OR MINORS

These minimum wage rates apply to all employees regardless of their age or student status.

DAMAGES

Employers who violate the minimum wage or overtime requirements are required to pay impacted employees the full amount of their underpaid wages plus interest, plus an additional amount equal to twice the underpaid wages.

RETRIBUTION PROHIBITED

It is unlawful to retaliate against an employee for asserting a wage claim or for informing other employees of their rights.

ENFORCEMENT

The Labor Relations Division of the Department of Workforce Solutions investigates claims and recovers back wages for employees who have been underpaid in violation of law, regardless of the dollar value of the claim, going back at least three years, or longer if there was a continuing course of conduct. Violations may result in civil or criminal action.

LOCAL MINIMUM WAGE RATES

The City of Santa Fe and Santa Fe Public Schools have higher base minimum wage rates. Albuquerque and Las Cruces have higher tipped minimum wage rates.

ADDITIONAL INFORMATION

Certain jobs or employees are exempt from the minimum wage or overtime provisions.

Employers must display this poster where employees can easily see it.

For more information or to file a wage claim, contact the Labor Relations Division at 505-841-4400, or online at www.dws.state.nm.us

WORKERS' COMPENSATION

Notice to Employers / Employees

This is not intended to replace the law, nor does it replace any Workers' Compensation policy requirements within your plan.

The State of New Mexico Workers' Compensation Administration requires the Notice of Accident form to be posted alongside the Workers' Compensation Act - If You Are Injured at Work poster. Please contact Workers' Compensation Administration at 505-841-4000 or 1-800-252-7465.

This Posting is for Informational Purposes Only

For more information or to file a wage claim, contact the Labor Relations Division at 505-841-4400, or online at www.dws.state.nm.us

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 BEFFRE ("233733")

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

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

OBTAINING FORCED LABOR OR SERVICES IS A CRIME UNDER NEW MEXICO AND FEDERAL LAW

State of New Mexico Workers' Compensation Administration

WORKERS' COMPENSATION ACT

If You Are Injured At Work

Si Se Lastima En El Trabajo

- 1) Notifico - In most cases you must tell your employer about the accident within 15 days, using the Notice of Accident form.
- 2) You have the right to information and assistance from an information specialist known as an Ombudsman at the Workers' Compensation Administration.
- 3) Claims Information - Contact your employer's Claims Representative (see box below).

- 1) Aviso - En la mayoría de los casos usted debe de avisarle a su empleador del accidente dentro de los primeros 15 días usando los formularios de Aviso de Accidente.
- 2) Usted tiene el derecho a información y ayuda contactándose con un especialista conocido como "Ombudsman" en la Administración para la Compensación a los Trabajadores.
- 3) Información acerca de Reclamaciones - Contáctese con el representante de reclamaciones de su compañía.

Employer's Insurer / Claims Representative:

Name:

Phone #:

Address:

Note: Employer must fill in this insurer / claims representative information.

YOUR RIGHTS

If you are injured in a work-related accident:
Your employer / insurer must pay all reasonable and necessary medical costs.
You may or may not have the right to choose your health care provider. If your employer / insurer has not given you written instructions on who to choose first, call an ombudsman. In an emergency, get emergency medical care first.
If you are off work for more than seven days, your employer / insurer must pay wage benefits to partially offset your lost wages.
If you suffer "permanent impairment," you may have the right to receive partial wage benefits for a longer period of time.

SUS DERECHOS

Si se lastima en el trabajo:
Su empleador / asegurador debe de pagar por los gastos médicos necesarios y razonables.
Es posible que usted tenga, o tenga, el derecho de escoger al proveedor de servicios para su salud. Si su empleador / asegurador no le ha dado instrucciones por escrito de quien es el que escogerá primero, póngase en contacto con un ombudsman. En una emergencia, obtenga asistencia médica de emergencia primero.
Si usted está fuera del trabajo por más de siete días, su empleador / asegurador debe de hacerle un pago compensatorio de prestaciones para compensar parcialmente la pérdida de su salario.
Si usted sufre "daño permanente," usted puede tener el derecho a recibir prestaciones parciales de salario por un periodo de tiempo más largo.

Ombudsmen are located at the following offices:

Albuquerque: (505) 841-4400 • Hobbs: (505) 834-2450 • Las Cruces: (505) 252-4626 • Roswell: (505) 311-8587 • Santa Fe: (505) 827-4038 • 1-800-252-7465 • 1-800-252-7465 • 1-800-252-7465 • 1-800-252-7465

If You Need HELP Call:

Si Usted Necesita Ayuda Llame Al:

1-866-WORKOMP (1-866-967-5667)

1-866-WORKOMP (1-866-967-5667)

Visit our website at: <https://workerscomp.nm.gov>

Visit our website at: <https://workerscomp.nm.gov>

USE A NOTICE OF ACCIDENT FORM TO NOTIFY YOUR SUPERVISOR

USE A NOTICE OF ACCIDENT FORM TO NOTIFY YOUR SUPERVISOR

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

New Mexico Workers' Compensation Administration
2014 Centre Avenue, Albuquerque, New Mexico 87106
P.O. Box 27196, Albuquerque, New Mexico 87125-1796

POST FORMS HERE

1-866-967-5667

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