



# Construction Compliance Poster

All Required Federal and State Documents on One 35" x 52" Poster!

Latest Version: January 2018

## Mandatory Federal Information

- Occupational Safety & Health Act (*Updated*)
- Your Rights Under USERRA
- Federal Minimum Wage Notice
- Employee Polygraph Protection Notice
- Equal Employment Opportunity Commission Discrimination
- Family & Medical / Military Leave Acts (*Updated*)
- Employee Rights for Workers with Disability Paid at Special Minimum Wage
- IRS W-4 Withholding Reminder

## Mandatory NYS Information

- Fair Employment and Discrimination Laws
- Minimum Wage Information Effective 12/31/17
- \*Notice of Compliance of Workers' Compensation & Disability Benefits
- \*Notice of Unemployment Insurance
- Right to Know Contacts
- Clean Indoor Air Act
- Article 23-A Corrections Notice
- Fair Play Act
- Time Off for Elections Notice
- Paid Family Leave Statement (Employers Must Post PFL-120 if in an insurance backed program)



Updated Documents!

Highly visible Federal and New York State print scheme. Printed on specially laminated, UV and weather resistant vinyl for indoor and outdoor posting!

\*NYS Workers' Compensation, Disability, and Unemployment sections require specific company information to be posted. PFL-120 is attained through insurance carrier only and must be posted separately.

### ORDERING INFORMATION

Please complete and return this form by mail or fax to:

AGC NYS, LLC  
 10 Airline Drive, Suite 203  
 Albany, NY 12205  
 Phone: (518) 456-1134  
 Fax: (518) 456-1198

	Quantity	AGC Member Unit Price	AGC Non-Member Unit Price	Total
For orders from 1 to 10	_____	\$32	\$55	\$ _____
For orders of 11 or more	_____	\$27	\$48	\$ _____
Add: Shipping \$5 for the 1 <sup>st</sup> poster, additional posters \$2 each				\$ _____
			Sub-total	\$ _____
Specify County: _____			Add Applicable Sales Tax	\$ _____
			<b>Total Due</b>	<b>\$ _____</b>

Please include method of payment with your order:

\_\_\_\_\_ Check payable to AGC NYS, LLC      \_\_\_\_\_ Visa/MC/AmEx # \_\_\_\_\_      Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Billing Street # \_\_\_\_\_ Zip \_\_\_\_\_ CVV Code \_\_\_\_\_ Signature \_\_\_\_\_

Ship To: \_\_\_\_\_  
 Company Name \_\_\_\_\_ Contact/Dept. \_\_\_\_\_

Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**THIS IS YOUR INVOICE – PLEASE PAY FROM ORDER FORM.**

Effective January, 2018