



Construction Compliance Poster

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

Latest Version: January 2019

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 12/31/18
- *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)



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 st poster, additional posters \$2 each				\$ _____
			Sub-total	\$ _____
Specify County: _____			Add Applicable Sales Tax	\$ _____
			Total Due	\$ _____

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, 2019