Construction Compliance Poster
All Required Federal and State Documents on One Giant Poster!

Mandatory Federal Information
- Occupational Safety & Health Act
- Your Rights Under USERRA
- Federal Minimum Wage Notice
- Employee Polygraph Protection Notice
- Equal Employment Opportunity Commission
- Family & Medical / Military Leave Acts
- Employee Rights for Workers with Disability Paid at Special Minimum Wage
- IRS W-4 Withholding Reminder
- Pay Transparency – Non Discrimination Provision

Mandatory NYS Information
- Fair Employment and Discrimination Laws
- Minimum Wage Information Effective 12/31/19
- *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)
- Equal Pay Provision (New for 2020)
- Wage Theft Prevention Act (New for 2020)

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

ORDERING INFORMATION

<table>
<thead>
<tr>
<th>Quantity</th>
<th>AGC Member Unit Price</th>
<th>AGC Non-Member Unit Price</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>For orders from 1 to 10</td>
<td>$38</td>
<td>$65</td>
<td>$</td>
</tr>
<tr>
<td>For orders of 11 or more</td>
<td>$33</td>
<td>$58</td>
<td>$</td>
</tr>
<tr>
<td>Add: Shipping $5 for the 1st poster, additional posters $2 each</td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Sub-total</td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Specify County:_______________</td>
<td>Add Applicable Sales Tax</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Total Due</td>
<td></td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

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

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, 2020