



# SPANISH Version Construction Compliance Poster

## Mandatory Federal Information

- Occupational Safety & Health Act
- Your Rights Under USERRA
- Federal Minimum Wage Notice
- Employee Polygraph Protection Notice
- Equal Employment Opportunity Commission Discrimination
- 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

All Required Federal and State Documents Translated in Spanish

Latest Version: July 2021

## Mandatory NYS Information

- Fair Employment and Discrimination Laws
- Minimum Wage Information Effective 12/31/20
- \*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!

\*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	AGCNYS or MWCDA Member Unit Price	Non-Member Unit Price	Total
	For orders from 1 to 10	\$38	\$65	\$
	For orders of 11 or more	\$33	\$58	\$
	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>		\$

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: \_\_\_\_\_ Receipt Email: \_\_\_\_\_

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

Effective July, 2021