



1136 State Route 502
SpringBrookTwp., PA16444
(570) 842-1670

New Employee Information

NOTE: The following packet of information **MUST** be completed and sent into the office on the first day of work.

(Please Print)

Date of Hire: _____

Social Security No. _____ Date of Birth: _____

First Name: _____ MI: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No. _____ Email Address: _____

Emergency Contact Name: _____ Relation: _____

Emergency Contact Telephone No. _____

To Be Completed by the General Foreman

Starting Rate \$ _____ /hour

Classification _____

Starting Crew Foreman _____

Driver's License Number _____
(Provide Copy)

Expiration Date ____ / ____ / ____

Issuing State _____

Commercial Driver's License Yes No
(Circle One)

Certified Line Clearance Tree Trimmer Yes No
(Circle One)
(Provide Copy)

CPR Certification Yes No
(Circle One)
(Provide Copy)

Date of Certification ____ / ____ / ____ Certification Expiration ____ / ____ / ____

First Aid Certification Yes No
(Circle One)
(Provide Copy)

Date of Certification ____ / ____ / ____ Certification Expiration ____ / ____ / ____

Pesticide Applicator License Yes No
(Circle One)

License Number _____ Certification Expiration ____ / ____ / ____
(Provide Copy)

An Equal Opportunity Employer

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

2024**Step 1:**
Enter
Personal
Information

(a) First name and middle initial	Last name	(b) Social security number
Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
City or town, state, and ZIP code		
(c) ☐ Single or Married filing separately ☐ Married filing jointly or Qualifying surviving spouse ☐ Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

Step 2:
Multiple Jobs
or Spouse
Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate ☐

Complete Steps 3–4(b) on Form W-4 for only **ONE** of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3:
Claim
Dependent
and Other
Credits

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 \$ _____

Multiply the number of other dependents by \$500 \$ _____

Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here

3 \$**Step 4**
(optional):
Other
Adjustments

(a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income

4(a) \$

(b) **Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here

4(b) \$

(c) **Extra withholding.** Enter any additional tax you want withheld each **pay period** . .

4(c) \$**Step 5:**
Sign
Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.)

Date

Employers
Only

Employer's name and address

Treesmiths LLC
1138 State Route 502
Spring Brook Twp, PA 18444

First date of
employment

Employer identification
number (EIN)

22-3875272

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 **and** you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2024 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2025.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **1** \$ _____
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____
 - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b **2b** \$ _____
 - c** Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____
- 4 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4** \$ _____

Step 4(b)—Deductions Worksheet (Keep for your records.)

- 1** Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income **1** \$ _____
- 2** Enter: $\left\{ \begin{array}{l} \bullet \$29,200 \text{ if you're married filing jointly or a qualifying surviving spouse} \\ \bullet \$21,900 \text{ if you're head of household} \\ \bullet \$14,600 \text{ if you're single or married filing separately} \end{array} \right\}$ **2** \$ _____
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information **4** \$ _____
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$780	\$850	\$940	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,370
\$10,000 - 19,999	0	780	1,780	1,940	2,140	2,220	2,220	2,220	2,220	2,220	2,570	3,570
\$20,000 - 29,999	780	1,780	2,870	3,140	3,340	3,420	3,420	3,420	3,420	3,770	4,770	5,770
\$30,000 - 39,999	850	1,940	3,140	3,410	3,610	3,690	3,690	3,690	4,040	5,040	6,040	7,040
\$40,000 - 49,999	940	2,140	3,340	3,610	3,810	3,890	3,890	4,240	5,240	6,240	7,240	8,240
\$50,000 - 59,999	1,020	2,220	3,420	3,690	3,890	3,970	4,320	5,320	6,320	7,320	8,320	9,320
\$60,000 - 69,999	1,020	2,220	3,420	3,690	3,890	4,320	5,320	6,320	7,320	8,320	9,320	10,320
\$70,000 - 79,999	1,020	2,220	3,420	3,690	4,240	5,320	6,320	7,320	8,320	9,320	10,320	11,320
\$80,000 - 99,999	1,020	2,220	3,620	4,890	6,090	7,170	8,170	9,170	10,170	11,170	12,170	13,170
\$100,000 - 149,999	1,870	4,070	6,270	7,540	8,740	9,820	10,820	11,820	12,830	14,030	15,230	16,430
\$150,000 - 239,999	1,960	4,360	6,760	8,230	9,630	10,910	12,110	13,310	14,510	15,710	16,910	18,110
\$240,000 - 259,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$260,000 - 279,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$280,000 - 299,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,380
\$300,000 - 319,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,980	17,980	19,980
\$320,000 - 364,999	2,040	4,440	6,840	8,310	9,710	11,280	13,280	15,280	17,280	19,280	21,280	23,280
\$365,000 - 524,999	2,720	6,010	9,510	12,080	14,580	16,950	19,250	21,550	23,850	26,150	28,450	30,750
\$525,000 and over	3,140	6,840	10,540	13,310	16,010	18,590	21,090	23,590	26,090	28,590	31,090	33,590

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$240	\$870	\$1,020	\$1,020	\$1,020	\$1,540	\$1,870	\$1,870	\$1,870	\$1,870	\$1,910	\$2,040
\$10,000 - 19,999	870	1,680	1,830	1,830	2,350	3,350	3,680	3,680	3,680	3,720	3,920	4,050
\$20,000 - 29,999	1,020	1,830	1,980	2,510	3,510	4,510	4,830	4,830	4,870	5,070	5,270	5,400
\$30,000 - 39,999	1,020	1,830	2,510	3,510	4,510	5,510	5,830	5,870	6,070	6,270	6,470	6,600
\$40,000 - 59,999	1,390	3,200	4,360	5,360	6,360	7,370	7,890	8,090	8,290	8,490	8,690	8,820
\$60,000 - 79,999	1,870	3,680	4,830	5,840	7,040	8,240	8,770	8,970	9,170	9,370	9,570	9,700
\$80,000 - 99,999	1,870	3,690	5,040	6,240	7,440	8,640	9,170	9,370	9,570	9,770	9,970	10,810
\$100,000 - 124,999	2,040	4,050	5,400	6,600	7,800	9,000	9,530	9,730	10,180	11,180	12,180	13,120
\$125,000 - 149,999	2,040	4,050	5,400	6,600	7,800	9,000	10,180	11,180	12,180	13,180	14,180	15,310
\$150,000 - 174,999	2,040	4,050	5,400	6,860	8,860	10,860	12,180	13,180	14,230	15,530	16,830	18,060
\$175,000 - 199,999	2,040	4,710	6,860	8,860	10,860	12,860	14,380	15,680	16,980	18,280	19,580	20,810
\$200,000 - 249,999	2,720	5,610	8,060	10,360	12,660	14,960	16,590	17,890	19,190	20,490	21,790	23,020
\$250,000 - 399,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$400,000 - 449,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$450,000 and over	3,140	6,450	9,110	11,610	14,110	16,610	18,430	19,930	21,430	22,930	24,430	25,870

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$510	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,220	\$1,870	\$1,870	\$1,870	\$1,960
\$10,000 - 19,999	510	1,510	2,020	2,220	2,220	2,220	2,420	3,420	4,070	4,070	4,160	4,360
\$20,000 - 29,999	850	2,020	2,560	2,760	2,760	2,960	3,960	4,960	5,610	5,700	5,900	6,100
\$30,000 - 39,999	1,020	2,220	2,760	2,960	3,160	4,160	5,160	6,160	6,900	7,100	7,300	7,500
\$40,000 - 59,999	1,020	2,220	2,810	4,010	5,010	6,010	7,070	8,270	9,120	9,320	9,520	9,720
\$60,000 - 79,999	1,070	3,270	4,810	6,010	7,070	8,270	9,470	10,670	11,520	11,720	11,920	12,120
\$80,000 - 99,999	1,870	4,070	5,670	7,070	8,270	9,470	10,670	11,870	12,720	12,920	13,120	13,450
\$100,000 - 124,999	2,020	4,420	6,160	7,560	8,760	9,960	11,160	12,360	13,210	13,880	14,880	15,880
\$125,000 - 149,999	2,040	4,440	6,180	7,580	8,780	9,980	11,250	13,250	14,900	15,900	16,900	17,900
\$150,000 - 174,999	2,040	4,440	6,180	7,580	9,250	11,250	13,250	15,250	16,900	18,030	19,330	20,630
\$175,000 - 199,999	2,040	4,510	7,050	9,250	11,250	13,250	15,250	17,530	19,480	20,780	22,080	23,380
\$200,000 - 249,999	2,720	5,920	8,620	11,120	13,420	15,720	18,020	20,320	22,270	23,570	24,870	26,170
\$250,000 - 449,999	2,970	6,470	9,310	11,810	14,110	16,410	18,710	21,010	22,960	24,260	25,560	26,860
\$450,000 and over	3,140	6,840	9,880	12,580	15,080	17,580	20,080	22,580	24,730	26,230	27,730	29,230



LOCAL EARNED INCOME TAX RESIDENCY CERTIFICATION FORM

TO EMPLOYERS/TAXPAYERS:

This form is to be used by employers and/or taxpayers to report essential information for the collection and distribution of Local Earned Income Taxes. This form must be utilized by employers when a new employee is hired or when a current employee notifies employer of a name and/or address change.

EMPLOYEE INFORMATION - RESIDENCE LOCATION			
NAME (Last, First, Middle Initial)			SOCIAL SECURITY NUMBER
FIRST LINE OF ADDRESS (If PO Box, please include actual street address)			
SECOND LINE OF ADDRESS			
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER
MUNICIPALITY (City, Borough, Township)			
COUNTY	PSD CODE 		TOTAL RESIDENT EIT RATE

EMPLOYER INFORMATION - EMPLOYMENT LOCATION			
EMPLOYER NAME (Use Federal ID Name)			EMPLOYER FEIN
TREESMITHS LLC			22-3875272
FIRST LINE OF ADDRESS (If PO Box, please include actual street address)			
1138 STATE ROUTE 502			
SECOND LINE OF ADDRESS			
CITY	STATE	ZIP CODE	PHONE NUMBER
SPRINGBROOK TWP	PA	18444	570-842-1870
MUNICIPALITY (City, Borough, Township)			
SPRINGBROOK TWP			
COUNTY	PSD CODE 3 5 0 6 0 8		MUNICIPAL NON-RESIDENT EIT RATE
LACKAWANNA			1.00%

CERTIFICATION	
SIGNATURE OF EMPLOYEE	DATE
PHONE NUMBER	EMAIL ADDRESS

For information on obtaining the appropriate MUNICIPALITY (City, Borough, Township), PSD CODES and EIT (Earned Income Tax) RATES, please refer to the Pennsylvania Department of Community & Economic Development website:

www.newPA.com
 Select Get Local Gov Support, >Municipal Statistics



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

EE NAME: _____ EE ID #: _____

NEW: _____ CHANGE: _____ ADD ON: _____

I HEREBY AUTHORIZE MY EMPLOYER _____ TO INITIATE CREDIT ENTRIES AND TO INITIATE, IF NECESSARY, DEBIT ENTRIES AND ADJUSTMENTS FOR ANY CREDIT ENTRIES MADE IN ERROR TO MY ACCOUNT OR ACCOUNTS.

NAME OF BANK/CREDIT UNION

ROUTING / TRANSIT NUMBER

ACCOUNT NUMBER

CHECKING _____ or SAVINGS _____
PERCENT % OF NET PAY: _____ %
FIXED AMOUNT OF NET: \$ _____

NAME OF BANK/CREDIT UNION

ROUTING / TRANSIT NUMBER

ACCOUNT NUMBER

CHECKING _____ or SAVINGS _____
PERCENT % OF NET PAY: _____ %
FIXED AMOUNT OF NET: \$ _____

ATTACH VOIDED CHECK HERE

IF YOU ARE NOT SURE ABOUT DIRECT DEPOSIT INFORMATION – PLEASE CONTACT YOUR BANK FOR ASSISTANCE IN COMPLETING THIS FORM.

(DEPOSIT TICKETS ARE NOT ACCEPTABLE – THEY DO NOT CARRY THE ROUTING/TRANSIT NUMBERS!)

THIS AUTHORITY WILL REMAIN IN EFFECT UNTIL I GIVE WRITTEN NOTICE TO CANCEL IT.

DATE: _____

SIGNATURE: _____



EEO: SELF IDENTIFICATION

Please complete this New Hire EEO- 1 Data Sheet. It will supply us with information we need for federal reporting obligations. Please be advised that this information will be used and kept confidential, in accordance with applicable laws and regulations. This information will not be used as a basis for any adverse employment decisions.

Name: _____ SS# (last four digits) or Employee ID: _____

We are subject to certain government recordkeeping and reporting requirements for the administration of civil rights laws and regulations. To comply with these laws, we invite you to voluntarily self- identify your race and ethnicity. **Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment.** The information obtained will be kept confidential and separate from personnel files. It may only be used in accordance with the provisions of applicable laws, executive order, and regulations, including those requiring information to be summarized and reported to the federal government for civil enforcement. When reported, data will not identify any specific individual.

*If you choose not to self-identify your race / ethnicity, the federal government requires the employer to determine this information by visual survey or other available information.

____ **Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

____ **White (Not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa

____ **Black or African American (Not Hispanic or Latino):** A person having origins in any of the black racial groups of Africa.

____ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino):** A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

____ **Asian (not of Hispanic or Latino):** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

____ **American Indian or Alaska Native (Not Hispanic or Latino):** A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

____ **Two or More Races (Not Hispanic or Latino):** All persons who identify with more than one of the above races, excluding those who identify themselves as Hispanic or Latino.

Gender: ____ Male ____ Female

Signature: _____ Date: _____

Fair Credit Reporting Act Disclosure Statement

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant's Signature

Date

Print Name

Social Security Number

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

- 1 **POSSESS ONLY ONE LICENSE:** you, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.

If you have more than one license, keep the license from your state of residence and return the additional licenses to the states that issued them. Destroying a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state.

- 2 **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR**

CANCELLATION: Sections 391.5 (b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations required that you notify your employer the next business day of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to your employing motor carrier, and the state that issued your license (if the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

The following license is the only one I will possess:

Driver's License No. _____ State _____ Exp. Date _____

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

Applicant's Signature

Date

Print Name



AUTHORIZATION FOR BACKGROUND CHECK

Please read and sign this form in the space provided below. Your written authorization is necessary for completion of this application.

Pursuant to the federal Fair Credit Reporting Act, I, _____, hereby authorize Treeways and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative report may include, but is not limited to, the following areas: verification of Social Security number; verification of state or locally issued id, current and previous residences,, employment history, including all personnel files, education, references, credit history and reports, criminal history, ,including records from any criminal justice agency in any or all federal, state or county jurisdictions, birth records, motor vehicle records, including traffic citations and registration, and any other public records.

I, _____, authorize the complete release of these records or data pertaining to me that an individual, company, firm, corporation or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish Treeways or its designated agents with any and all information in their possession regarding me in connection with an application for employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I understand that, pursuant to the Federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me.

I also understand that I may withhold my permission and that in such case, no investigation will be done and my application for employment will not be processed further.

Signature of Employee: _____ Date: _____

Employee Name: _____



Safety Fact Sheet **100% Tie-in and Fall Prevention Safety and Awareness**

Fall prevention safety starts when you are still on the ground, even before work begins aloft.

All employees shall be responsible for their own safety while at work and shall comply with the appropriate federal or state occupational safety and health standards and rules, regulations, and orders that are applicable to their own actions and conduct. (ANSI Z133-2017, 1.4)

- **Personal fall protection shall be worn by both operators and climbers whenever aloft. (5.2.7)**
- **In both manual and aerial lift applications, all harnesses and saddles must be inspected daily for excessive wear, frays, ripped or pulled stitching, as well as cuts and abrasions. (3.1.1, 3.1.2)**
- **All fall arrest lanyards must be inspected daily for signs of a fall or excessive force that can cause failure in the event of an ejection or fall. (3.1.1, 3.1.2)**
- **Climbers must additionally inspect all ropes, bucking lanyards, snaps, carabiners, bridges, micro-pulleys, eye-to-eyes, split tails, etc. This includes excessive wear such as fraying, glazing, burn marks, grooves, cracks, and proper working gates and actions daily before use. (3.1.2, 8.1.3, 8.1.15)**
- **Both body harnesses and saddles must have all connections secured and fitted properly, per manufacturer specification. (5.2.7.1, company policy)**

- **Body harnesses shall be put on while at ground level and prior to entering the platform area of an aerial lift. The donning of the harness shall be observed by another crew member, designated on the job briefing. Removal of the harness shall be performed at ground level and stored in a bin, **NOT IN THE BASKET.** (Company policy)**



- **When ascending to the work platform, three points of contact must be maintained by means of handrails and proper footing. Upon reaching the lift basket, the fall arrest lanyard shall be secured to a proper anchor point before entering the basket and work performed. The designated spotter shall confirm a positive connection before the lift is operated. (Company policy)**
- **When transferring from a lift basket to a tree to complete work, arborists shall remain secured to the aerial device until properly secured to the tree. No work shall be performed while secured to both the aerial device and the tree. (5.2.16)**
- **Arborists shall remain secured at all times when transferring from an inoperative aerial device to an operative aerial device, or tree, to**

- facilitate an emergency descent. (5.2.17)
- While climbing, arborists shall be tied in AND use a second means of being secured (work-positioning lanyard or a second climbing line) when operating a chainsaw in a tree. Using two work-positioning lanyards or both ends of a two-in-one lanyard shall not be considered acceptable. (6.3.6) A second means of being secured shall be available at all times while working aloft. (8.1.4)
- Arborists shall be secured at all times while ascending a tree. The climber shall be tied in (with a climbing line) once work begins and remain tied in until work has been completed, and they have returned to the ground. When repositioning a climbing line, the arborist shall be secured (work-positioning lanyard) and shall preload the new tie-in point with their full weight before releasing the current means of attachment. (8.1.6)
- A stopper knot, such as a figure 8, shall be tied in the tail of the climbing line to prevent the line from pulling through the climbing hitch. (8.1.13)
- Climbing lines shall be placed around a stem with a lateral limb. Tie-in points shall be able to withstand the forces being applied during the pruning/removal operations. (8.1.14)

Personal Fall Protection System: a system (including all components) used to provide protection from falling or to safely arrest an employee's fall if one occurs.

Employees:

- Are responsible for using company-provided personal fall protection systems to comply with this policy.
- May not alter or remove a personal fall protection system when fall hazards are present.
- Must routinely inspect and properly care for their personal fall protection system.

Reference Treeways Safety Manual chapters 11 & 14 for additional information.



Bloodborne Pathogens Fact Sheet

Bloodborne Pathogens OSHA 1910.1030

Bloodborne Pathogens is a term given to potential viruses and bacteria found in human body fluids.

- First aid providers need to avoid direct contact with blood and bodily fluids. Whenever possible utilize a waterproof barrier, (latex or plastic) between you and the wound or bodily fluids. In the likelihood that you (the First Aid – responder) may have a small wound, or cut, where fluids could enter your body and subject you to: **HBV** Hepatitis B Virus or **HIV** Human Immunodeficiency Virus and other bloodborne pathogens.
- When giving First Aid / CPR to an employee that is injured and has exposed blood, saliva, bodily fluids, or open wounds, practice the concept of “universal precautions.” (All human blood and certain human body fluids are treated as if known to be infectious for HBV, HIV, and other bloodborne pathogens.)
 - ❖ You shall wear rubber gloves (supplied in first aid kit) if you touch the employee.
 - ❖ You or the injured shall wear a facemask and eye protection if facial exposure to bodily fluids exists.
 - ❖ You shall use protective mouthpieces (supplied in the first aid kit) when giving CPR or artificial respiration.
 - ❖ You shall use antiseptic hand cleaners if you contact another person’s blood/ bodily fluids (supplied in the first aid kit).
 - ❖ If you have an open wound on your hands or person, where blood could contact you or has contacted you; please contact your General Foreperson or Safety Specialist. The potential for HBV, HIV, and other bloodborne pathogens could exist.
 - ❖ Use an appropriately marked or labeled disposable biohazard container for collecting and disposing of all First Aid supplies and PPE contaminated during treatment. (Contact your General Foreman or Safety Specialist for such containers.)
- In case of an exposure incident notify your General Foreperson or Safety Specialist immediately.

Reference Treeways Safety Manual chapter 21 for additional information.

BLOODBORNE PATHOGENS

UNIVERSAL PRECAUTIONS FOR THOSE EXPOSED TO BLOOD OR OTHER POTENTIALLY INFECTIOUS MATERIALS IN THEIR OCCUPATION

PROTECT YOURSELF

ALL BLOOD AND BODILY FLUID MUST BE TREATED AS IF THEY WERE INFECTED WITH:

- HUMAN IMMUNODEFICIENCY VIRUS (HIV) WHICH FREQUENTLY LEADS TO AIDS.
- HEPATITIS B VIRUS (HBV).
- OTHER BLOODBORNE PATHOGENS (MICROORGANISMS FOUND IN HUMAN BLOOD WHICH CAN CAUSE DISEASE).

KNOW THE RULES

BE FAMILIAR WITH YOUR ORGANIZATION'S EXPOSURE CONTROL PLAN.

MAKE SURE YOU KNOW:

- VACCINATION REQUIREMENTS
- PROCEDURES
- PRACTICES
- PROPER REPORTING REQUIREMENTS FOR INCIDENTS OF EXPOSURE.



KNOW YOUR COLORS

- RED BAGS OR CONTAINERS DON'T NEED TO BE LABELED - THEIR COLOR INDICATES THEY MAY CONTAIN BIOHAZARDS.
- FLUORESCENT ORANGE-RED LABELS AND SIGNS WITH CONTRASTING LETTERING OR SYMBOLS ARE APPROPRIATE

READ ALL LABELS AND SIGNS

WEAR THE RIGHT EQUIPMENT



PROPER PROCEDURE CAN REDUCE YOUR RISK OF INFECTION TO ZERO

WASH HANDS



AND FOLLOW SAFE HYGIENE AND WORK PRACTICES.

DISPOSE OF NEEDLES IN APPROPRIATE CONTAINERS.



NEVER

RECAP, BEND, OR BREAK NEEDLES.

FOLLOW PROPER DISPOSAL PROCEDURES.

CONTAMINATED LAUNDRY AND PERSONAL PROTECTIVE EQUIPMENT SHOULD BE DISPOSED OF IN PROPERLY DESIGNATED AREAS.



KEEP IT CLEAN

CLEAN WORKSITE AND DECONTAMINATE EQUIPMENT. FOLLOW ALL SAFE HANDLING PROCEDURES.

DON'T FORGET

ALL BODY FLUIDS SHOULD BE HANDLED AS IF POTENTIALLY INFECTIOUS.



Fire Extinguisher Fact Sheet

The purpose of this written fire extinguishers document is to apply training to the placement, use, maintenance, and testing of portable fire extinguishers provided for the use of employees.

Workplace fires and explosions kill hundreds and injure thousands of workers each year. One way to limit the amount of damage due to such fires is to make portable fire extinguishers an important part of your fire prevention program. When used properly, fire extinguishers can save lives and property by putting out a small fire or controlling a fire until additional help arrives. A fire is the most common type of emergency for which small businesses must plan. A critical decision when planning is whether or not employees should fight a small fire with a portable fire extinguisher or simply evacuate.

General Requirements

An employer must:

- Provide portable fire extinguishers and mount, locate, and identify them so that they are readily accessible to employees without subjecting the employees to possible injury. [\[29 CFR 1910.157\(c\)\(1\)\]](#)
- Use only approved portable fire extinguishers. [\[29 CFR 1910.157\(c\)\(2\)\]](#)
- Do not use portable fire extinguishers that use carbon tetrachloride or chlorobromomethane extinguishing agents. [\[29 CFR 1910.157\(c\)\(3\)\]](#)
- Assure that portable fire extinguishers are maintained, fully charged, operating properly, and kept in designated places at all times except during use. [\[29 CFR 1910.157\(c\)\(4\)\]](#)

- Remove from service all soldered or riveted shell self-generating soda acid or self-generating foam or gas cartridge water type portable fire extinguishers that are operated by inverting the extinguisher to rupture the cartridge or to initiate an uncontrollable pressure generating chemical reaction to expel the agent. [\[29 CFR 1910.157\(c\)\(5\)\]](#)



DOT Requirements

- Each fire extinguisher must be labeled or marked by the manufacturer with its UL rating.
- The fire extinguisher must be designed, constructed, and maintained to permit visual determination of whether it is fully charged.
- The fire extinguisher(s) must be filled and located so that it is readily accessible for use. It must also be securely mounted to prevent sliding, rolling, or vertical movement relative to the motor vehicle.

The fire extinguisher must use an extinguishing agent that does not need protection from freezing, and must comply with the toxicity provisions of the Environmental Protection Agency's New Alternatives Policy (SNAP) regulations under 40 CFR Part 82, Subpart G.

P.A.S.S.

Using a fire extinguisher during an emergency can be intimidating, especially if you do not know the proper way to use one. Luckily, there is a useful acronym to help you remember the four easy steps when using a fire extinguisher in the event of an emergency.

Pull: Pull the pin. There is a small pin that prevents the fire extinguisher from accidentally being discharged, all you have to do is pull it out and continue on to the next step.

Aim: Aim the nozzle of the fire extinguisher low at the base of the fire.

Squeeze: Squeeze the trigger you just pulled the pin out of. Remember to squeeze it slowly and evenly, so the extinguisher is as effective as possible.

Sweep: Sweep the extinguisher from side to side to cover all areas the fire may have spread to.

Additional Safety Precautions:

Before operating a fire extinguisher, you must take some safety precautions. First, assess the

fire; if it is too big or uncontrollable don't risk your safety by trying to put it out, evacuate the area and call 9-1-1 immediately. If the fire is small enough and can easily be put out and contained, continue to use the P.A.S.S. fire extinguisher technique. Make sure to hold the fire extinguisher with the nozzle pointing AWAY from you and keep your back towards a clear exit so you can safely exit if the fire becomes too dangerous.

Fire extinguishers should be stored on every level of a building and in areas like the kitchen and garage. Store them in accessible places or mount the extinguishers on the wall for easy access in the event of an emergency.



Types of Fire Extinguishers:

There are several types of fire extinguishers each designed to combat

different types of fires. Here are some of the most common types of fire extinguishers and the types of fires they are best suited for:

- **Water extinguishers:** These are suitable for Class A fires, which involve ordinary combustibles such as wood, paper, and cloth.
- **Foam extinguishers:** These are suitable for Class A and B fires, which involve flammable liquids such as gasoline, oil, and grease.
- **Carbon dioxide (CO2) extinguishers:** These are suitable for Class B and C fires, which involve flammable liquids and electrical equipment.
- **Dry powder extinguishers:** These are suitable for Class A, B, and C fires.
- **Wet chemical extinguishers:** These are suitable for Class K fires, which involve cooking oils and fats.
- **Clean agent extinguishers:** These are suitable for Class A, B, and C fires.
- **Water mist extinguishers:** These are suitable for Class A and C fires.
- **Halogenated agent extinguishers:** These are suitable for Class A, B, and C fires.
- **Water additive extinguishers:** These are suitable for Class A fires.
- **Cartridge operated dry chemical extinguishers:** These are suitable for Class A, B, and C fires.

- **Stored pressure dry chemical extinguishers:** These are suitable for Class A, B, and C fires.



It's important to note that different types of fire extinguishers have different ratings based on the size of the fire they can put out. It's also important to ensure that you have the right type of fire extinguisher on hand in case of an emergency.

INSPECTION

Inspection Procedures

Performing an inspection is the easiest thing you can do to ensure your extinguisher can be used reliably and effectively in an emergency. At a minimum, inspection needs to consist of the following steps:

- Make sure it is located in its designated place.
- Make sure the extinguisher is visible or that there is signage indicating where the extinguisher is located.
- Make sure you can easily access the extinguisher.

- Ensure the pressure gauge is in the operable range or position.
- Make sure it is full, this can be done by just lifting the extinguisher.

Frequency

NFPA 10 requires extinguishers be inspected when they are initially installed and once a month after that. You should inspect extinguishers more frequently if they are installed in locations where they are more prone to rust, impact, or tampering.

Recordkeeping

Records of the monthly inspections need to be maintained by either putting a tag or label on the extinguisher or by having it recorded on paper or electronic files. The following items need to be recorded:

- The month and year of the inspection.
- The person conducting the inspection.

These records need to be maintained for at least 12 months.

The initial inspection will be completed by the safety representative for the area. The General Foreperson shall complete the monthly inspection and fill out the tag accordingly. Subsequent annual inspections will be completed by the safety representative.



Inspection Responsibilities



Safety Fact Sheet- Right to Know and Spill Containment

Every employee has the right and responsibility to know the identity of potentially hazardous substances present on their jobsite. Each employee also has the right to be trained to protect themselves against any potentially hazardous products. This is accomplished through the following:

- Proper labeling of ALL containers
- Inventory of hazardous chemicals specific to the jobsite
- Proper labeling of temporary containers
- Availability of Safety Data Sheets (SDS) for specific chemicals in the workplace



The purpose of this program is to inform interested persons, including employees, that the company is complying with the OSHA Hazard Communication Standard at §1910.1200 by compiling a hazardous chemicals list, by using safety data sheets (SDSs), by ensuring that containers are labeled, and by providing our employees with training and information availability. The hazardous chemicals on the list can cover a variety of physical forms including liquids, solids, gases, vapors, fumes, and mists. Our chemical inventory is a list of hazardous chemicals known to be present in our workplace. Anyone who becomes exposed to the hazardous chemicals on the list needs to know what those chemicals are and how to protect themselves. That is why it is so important that hazardous chemicals are identified whether they are found in a container or generated in work operations.

Safety Data Sheets (SDS's)

The SDSs we use are fact sheets for chemicals which pose a physical or health hazard in the workplace. SDSs provide our employees with specific information on the chemicals they use.

The safety data sheets are kept in electronic form in the SDS Mobile app. Employees can obtain access to them by downloading the app to their phones. Information on how to download the app is available from their General Foreperson or regional safety representative. Everyone who works with or is potentially “exposed” to hazardous chemicals will receive initial training and any necessary retraining on the Hazard Communication Standard and the safe use of those hazardous chemicals during orientation or as chemicals are introduced to the worksite.

Whenever a new hazard is introduced or an old hazard changes, additional training will be provided.



SPILL CLEAN-UP

If your crew experiences a spill of hazardous material, you must keep it from spreading immediately!

Stopping the source of the spill is the FIRST step if possible.

- Be sure to protect yourself before proceeding. Wear appropriate personal protective equipment (like gloves and safety glasses).
- Dike the spill to prevent runoff of materials into any nearby waterways, streams, ditches, ponds, etc. If the spilled material starts to spread, a dike of sand, soil, or absorbent clay should contain it. Activated charcoal, absorbent clay, vermiculite, pet litter, peat moss, sweeping compound, lime, or sawdust should be thrown over the entire spill. Enough absorbing material should be used to soak up as much of the liquid as possible.

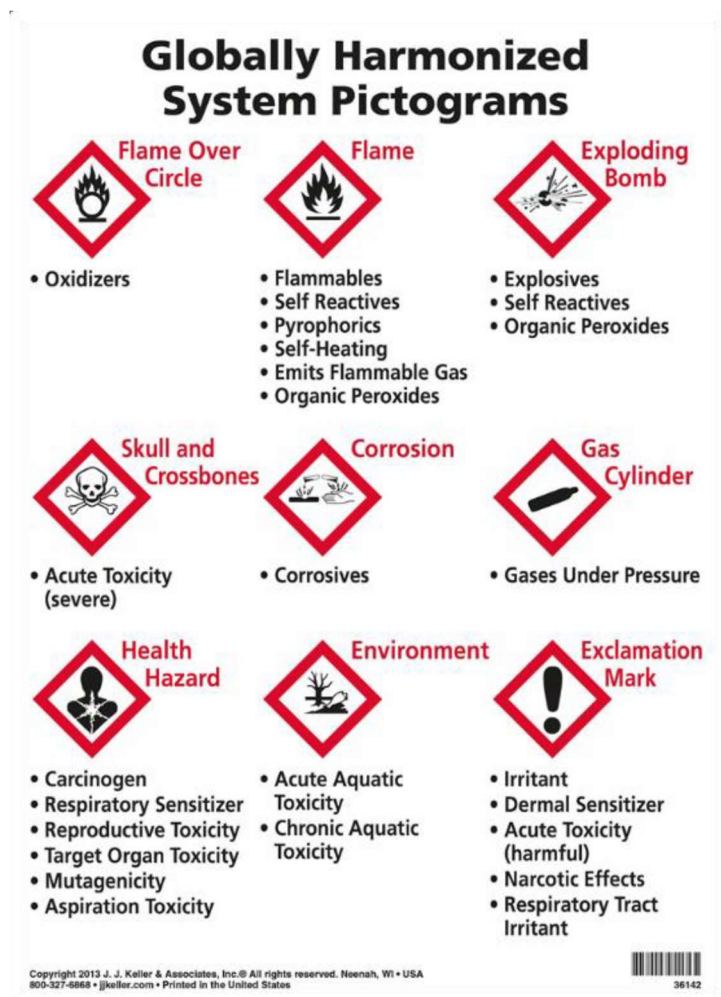


Safety Fact Sheet- Right to Know and Spill Containment

- Notify your general foreperson as soon as possible to determine what local, state, or federal agencies should be contacted. Clean up procedures depend on the type of hazardous material and the amount involved.
- If a spill occurs on a highway, call state highway patrol or the local police for assistance. Do not leave the area until responsible assistance arrives.
- Do not allow smoking near spilled material or provide any other source of ignition.
- The contaminated area should be cleared of all personnel except for a small cleanup crew. No one shall be permitted to enter the area until it has been decontaminated.

Our goal is to ensure employee comprehension and understanding including being aware that they are exposed to hazardous chemicals, knowing how to read and use labels and SDSs, and appropriately following the protective measures we have established. This program applies to all work operations in our company where employees may be exposed to hazardous substances under normal working conditions or during an emergency.

Reference Treeways Safety Manual chapter 8 and chapter 18 for additional information.





Safety and Compliance Fact Sheet Acknowledgement

I acknowledge that I have read and understand the following Treeways Safety Fact Sheets:

- Fire Extinguisher Fact Sheet
- 100% Fall Protection Fact Sheet
- Bloodborne Pathogens Fact Sheet
- Hazard Communication Right-to-Know & Spill Containment Fact Sheet

I have read the materials and will comply with the information on all Treeways Fact Sheets.

Printed Name of Employee _____ Date _____

Signature of Employee _____ Date _____

Signature of Authorized Representative _____ Date _____



Know Your Rights: Workplace Discrimination is Illegal

The U.S. Equal Employment Opportunity Commission (EEOC) enforces Federal laws that protect you from discrimination in employment. If you believe you've been discriminated against at work or in applying for a job, the EEOC may be able to help.

Who is Protected?

- Employees (current and former), including managers and temporary employees
- Job applicants
- Union members and applicants for membership in a union

What Types of Employment Discrimination are Illegal?

Under the EEOC's laws, an employer may not discriminate against you, regardless of your immigration status, on the bases of:

- Race
- Color
- Religion
- National origin
- Sex (including pregnancy, childbirth, and related medical conditions, sexual orientation, or gender identity)
- Age (40 and older)
- Disability
- Genetic information (including employer requests for, or purchase, use, or disclosure of genetic tests, genetic services, or family medical history)
- Retaliation for filing a charge, reasonably opposing discrimination, or participating in a discrimination lawsuit, investigation, or proceeding
- Interference, coercion, or threats related to exercising rights regarding disability discrimination or pregnancy accommodation

What Organizations are Covered?

- Most private employers
- State and local governments (as employers)
- Educational institutions (as employers)
- Unions
- Staffing agencies

What Employment Practices can be Challenged as Discriminatory?

All aspects of employment, including:

- Discharge, firing, or lay-off
- Harassment (including unwelcome verbal or physical conduct)
- Hiring or promotion
- Assignment
- Pay (unequal wages or compensation)
- Failure to provide reasonable accommodation for a disability; pregnancy, childbirth, or related medical condition; or a sincerely-held religious belief, observance or practice
- Benefits
- Job training
- Classification
- Referral
- Obtaining or disclosing genetic information of employees
- Requesting or disclosing medical information of employees
- Conduct that might reasonably discourage someone from opposing discrimination, filing a charge, or participating in an investigation or proceeding
- Conduct that coerces, intimidates, threatens, or interferes with someone exercising their rights, or someone assisting or encouraging someone else to exercise rights, regarding disability discrimination (including accommodation) or pregnancy accommodation

What can You Do if You Believe Discrimination has Occurred?

Contact the EEOC promptly if you suspect discrimination. Do not delay, because there are strict time limits for filing a charge of discrimination (180 or 300 days, depending on where you live/work). You can reach the EEOC in any of the following ways:

Submit an inquiry through the EEOC's public portal:
<https://publicportal.eeoc.gov/Portal/Login.aspx>

Call 1-800-669-4000 (toll free)
1-800-669-6820 (TTY)
1-844-234-5122 (ASL video phone)

Visit an EEOC field office (information at
www.eeoc.gov/field-office)

E-Mail info@eeoc.gov

Additional information about the EEOC, including information about filing a charge of discrimination, is available at www.eeoc.gov.



EMPLOYERS HOLDING FEDERAL CONTRACTS OR SUBCONTRACTS

The Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) enforces the nondiscrimination and affirmative action commitments of companies doing business with the Federal Government. If you are applying for a job with, or are an employee of, a company with a Federal contract or subcontract, you are protected under Federal law from discrimination on the following bases:

Race, Color, Religion, Sex, Sexual Orientation, Gender Identity, National Origin

Executive Order 11246, as amended, prohibits employment discrimination by Federal contractors based on race, color, religion, sex, sexual orientation, gender identity, or national origin, and requires affirmative action to ensure equality of opportunity in all aspects of employment.

Asking About, Disclosing, or Discussing Pay

Executive Order 11246, as amended, protects applicants and employees of Federal contractors from discrimination based on inquiring about, disclosing, or discussing their compensation or the compensation of other applicants or employees.

Disability

Section 503 of the Rehabilitation Act of 1973, as amended, protects qualified individuals with disabilities from discrimination in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment by Federal contractors. Disability discrimination includes not making reasonable accommodation to the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee, barring undue hardship to the employer. Section 503 also requires that Federal contractors take affirmative action to employ and advance in employment qualified individuals with disabilities at all levels of employment, including the executive level.

Protected Veteran Status

The Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, 38 U.S.C. 4212, prohibits employment discrimination against, and requires affirmative action to recruit, employ, and advance in employment, disabled veterans, recently separated veterans (i.e., within three years of discharge or release from active duty), active duty wartime or campaign badge veterans, or Armed Forces service medal veterans.

Retaliation

Retaliation is prohibited against a person who files a complaint of discrimination, participates in an OFCCP proceeding, or otherwise opposes discrimination by Federal contractors under these Federal laws.

Any person who believes a contractor has violated its nondiscrimination or affirmative action obligations under OFCCP's authorities should contact immediately:

The Office of Federal Contract Compliance Programs (OFCCP)
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, D.C. 20210
1-800-397-6251 (toll-free)

If you are deaf, hard of hearing, or have a speech disability, please dial 7-1-1 to access telecommunications relay services. OFCCP may also be contacted by submitting a question online to OFCCP's Help Desk at <https://ofccphelpdesk.dol.gov/s/>, or by calling an OFCCP regional or district office, listed in most telephone directories under U.S. Government, Department of Labor and on OFCCP's "Contact Us" webpage at <https://www.dol.gov/agencies/ofccp/contact>.

PROGRAMS OR ACTIVITIES RECEIVING FEDERAL FINANCIAL ASSISTANCE

Race, Color, National Origin, Sex

In addition to the protections of Title VII of the Civil Rights Act of 1964, as amended, Title VI of the Civil Rights Act of 1964, as amended, prohibits discrimination on the basis of race, color or national origin in programs or activities receiving Federal financial assistance. Employment discrimination is covered by Title VI if the primary objective of the financial assistance is provision of employment, or where employment discrimination causes or may cause discrimination in providing services under such programs. Title IX of the Education Amendments of 1972 prohibits employment discrimination on the basis of sex in educational programs or activities which receive Federal financial assistance.

Individuals with Disabilities

Section 504 of the Rehabilitation Act of 1973, as amended, prohibits employment discrimination on the basis of disability in any program or activity which receives Federal financial assistance. Discrimination is prohibited in all aspects of employment against persons with disabilities who, with or without reasonable accommodation, can perform the essential functions of the job.

If you believe you have been discriminated against in a program of any institution which receives Federal financial assistance, you should immediately contact the Federal agency providing such assistance.



Conozca sus Derechos: La Discriminación en el Lugar de Trabajo es Ilegal

La Comisión Para la Igualdad de Oportunidades en el Empleo (EEOC, por sus siglas en inglés) de los EE. UU. hace cumplir las leyes federales que lo protegen contra la discriminación en el empleo. Si cree que ha sido discriminado(a) en el trabajo o al solicitar un trabajo, la EEOC puede ayudarle.

¿Quién está Protegido?

- Empleados (actuales y anteriores), incluyendo gerentes y empleados temporales
- Miembros de sindicatos y Solicitantes de membresía en un sindicato
- Aplicantes de trabajo

¿Qué Tipos de Discriminación Laboral son Ilegales?

Según las leyes de la EEOC, un empleador no puede discriminarlo, independientemente de su estatus migratorio, por motivos de:

- Raza
- Color
- Religión
- Origen nacional
- Sexo (incluyendo embarazo, parto, y condiciones médicas relacionadas, orientación sexual o identidad de género)
- Edad (40 años o más)
- Discapacidad
- Información genética (incluyendo solicitudes del empleador para la compra, el uso o la divulgación de pruebas genéticas, servicios genéticos o historial médico familiar)
- Tomar represalias por presentar un cargo, oponerse razonablemente a la discriminación o participar en una demanda, investigación o procedimiento por discriminación
- Interferencia, coerción o amenazas relacionadas con el ejercicio de los derechos relacionados con la discriminación por discapacidad o la acomodación por embarazo

¿Qué Organizaciones están Cubiertas?

- La mayoría de los empleadores privados
- Instituciones educativas (como empleadores)
- Gobiernos estatales y locales (como empleadores)
- Sindicatos
- Agencias de empleo

¿Qué Prácticas Laborales Pueden ser Discriminatorias?

Todos los aspectos del empleo, incluyendo:

- Despidos
- Acoso (incluyendo conducta física o verbal no deseada)
- Contratación o promoción
- Asignaciones
- Remuneración (salarios desiguales o compensación)
- Falta de proporcionar adaptaciones razonables para una discapacidad; embarazo, parto o condición médica relacionada al embarazo o parto; o para la observancia o práctica de una creencia religiosa sincera
- Beneficios
- Formación profesional
- Clasificación
- Referencias
- Obtención o divulgación de información genética de los empleados
- Solicitud o divulgación de información médica de los empleados
- Conducta que podría desalentar razonablemente a alguien de oponerse a la discriminación, presentar un cargo o participar en una investigación o procedimiento
- Conducta que coaccione, intimide, amenace o interfiera con el ejercicio de sus derechos por parte de alguien, o alguien que ayude o aliente a otra persona a ejercer sus derechos, en relación con la discriminación por discapacidad (incluyendo las adaptaciones) o adaptaciones por embarazo

¿Qué Puede Hacer si Cree que ha Ocurrido Discriminación?

Comuníquese con la EEOC de inmediato si sospecha discriminación. No demore, porque existen límites de tiempo estrictos para presentar una denuncia por discriminación (180 o 300 días, según el lugar donde viva o trabaje). Puede comunicarse con la EEOC de cualquiera de las siguientes maneras:

Presentar una consulta a través del Portal Público de la EEOC: <https://publicportal.eeoc.gov/Portal/Login.aspx>

Llame 1-800-669-4000 (número gratuito)
1-800-669-6820 (TTY)
1-844-234-5122 (Video Teléfono de ASL)

Visite una Oficina de Campo de la EEOC (información en www.eeoc.gov/field-office)

Corre Electrónico: info@eeoc.gov

Información adicional sobre la EEOC, incluyendo información sobre cómo presentar un cargo de discriminación, está disponible en www.eeoc.gov/es.



EMPLEADORES QUE TIENEN CONTRATOS O SUBCONTRATOS FEDERALES

La Oficina de Programas de Cumplimiento de Contratos Federales (OFCCP, por sus siglas en inglés) del Departamento de Trabajo hace cumplir los compromisos de no discriminación y acción afirmativa de las empresas que hacen negocios con el gobierno federal. Si está solicitando un trabajo con, o es un empleado de una empresa con un contrato o subcontrato federal, usted está protegido(a) por la ley federal contra la discriminación en las siguientes bases:

Raza, Color, Religión, Sexo, Orientación Sexual, Identidad de Género, Origen Nacional

La Orden Ejecutiva 11246, enmendada, prohíbe la discriminación laboral por parte de los contratistas federales por motivos de raza, color, religión, sexo, orientación sexual, identidad de género u origen nacional, y requiere acción afirmativa para garantizar la igualdad de oportunidades en todos los aspectos del empleo.

Preguntar, Divulgar o Discutir Salarios

La Orden Ejecutiva 11246, enmendada, protege a los solicitantes y empleados de contratistas federales de la discriminación basada en preguntar, divulgar o discutir su compensación o la compensación de otros solicitantes o empleados.

Discapacidad

La Sección 503 del Acta de Rehabilitación de 1973, según enmendada, protege a las personas calificadas con discapacidades contra la discriminación en la contratación, promoción, despido, pago, beneficios complementarios, capacitación laboral, clasificación, referencias y otros aspectos del empleo por parte de contratistas federales. La discriminación por discapacidad incluye no hacer adaptaciones razonables a las limitaciones físicas o mentales conocidas de una persona con una discapacidad que de otro modo calificaría y que es un solicitante o empleado, a menos que haga una dificultad excesiva para el empleador. La Sección 503 también requiere que los contratistas federales tomen medidas afirmativas para emplear y promover a personas calificadas con discapacidades en todos los niveles de empleo, incluyendo a nivel ejecutivo.

Estatus Protegido Como Veterano

El Acta de Asistencia para el Reajuste de los Veteranos de la Era de Vietnam de 1974, modificada, 38 U.S.C. 4212, prohíbe la discriminación laboral y requiere acción afirmativa para reclutar, emplear y avanzar en el empleo a veteranos discapacitados, veteranos recientemente separados (es decir, dentro de los tres años posteriores al su separación o liberación del servicio activo), veteranos en servicio activo en tiempo de guerra o insignia de campaña, o veteranos con medallas de servicio de las fuerzas armadas.

Represalias

Se prohíben las represalias contra una persona que presente una queja por discriminación, participe en un procedimiento de la OFCCP o se oponga a la discriminación por parte de contratistas federales en virtud de estas leyes federales.

Cualquier persona que crea que un contratista ha violado sus obligaciones de no discriminar o acción afirmativa bajo las autoridades de la OFCCP debe comunicarse de inmediato con:

La Oficina de Programas de Cumplimiento de Contratos Federales (OFCCP),
Departamento de Trabajo de los EE. UU.,
200 Constitution Avenue, N.W.
Washington, D.C. 20210
1-800-397-6251 (llamada gratuita).

Si es sordo, tiene problemas de audición o tiene una discapacidad del habla, marque 7-1-1 para acceder a los servicios de retransmisión de telecomunicaciones. También se puede contactar a la OFCCP enviando una pregunta en línea a la mesa de ayuda de la OFCCP en <https://ofccphelpdesk.dol.gov/s/>, o llamando a una oficina regional o distrital de la OFCCP, que figura en la mayoría de los directorios telefónicos bajo el Departamento de Trabajo de los EE.UU. y en la página web "Contáctenos" de la OFCCP en <https://www.dol.gov/agencies/ofccp/contact>.

PROGRAMAS O ACTIVIDADES QUE RECIBEN ASISTENCIA FINANCIERA FEDERAL

Raza, Color, Origen Nacional, Sexo

Además de las protecciones del Título VII del Acta de Derechos Civiles de 1964, según enmendada, el Título VI del Acta de Derechos Civiles de 1964, según enmendada, prohíbe la discriminación por motivos de raza, color, u origen nacional en programas o actividades que reciben asistencia financiera. La discriminación laboral está cubierta por el Título VI si el objetivo principal de la asistencia financiera es la provisión de empleo, o cuando la discriminación laboral cause o pueda causar discriminación en la prestación de servicios bajo dichos programas. El Título IX de las Enmiendas de Educación de 1972 prohíbe la discriminación laboral por razón de sexo en programas o actividades educativas que reciben asistencia financiera federal.

Personas con Discapacidades

La Sección 504 del Acta de Rehabilitación de 1973, enmendada, prohíbe la discriminación laboral por motivos de discapacidad en cualquier programa o actividad que reciba asistencia financiera federal. Está prohibida la discriminación en todos los aspectos de empleo contra las personas con discapacidades que, con o sin ajustes razonables, pueden desempeñar las funciones esenciales del trabajo.

Si cree que ha sido discriminado(a) en un programa de cualquier institución que recibe asistencia financiera federal, debe comunicarse de inmediato con la agencia federal que brinda dicha asistencia.

(Actualizado 6/27/2023)

EMPLOYEE RIGHTS

EMPLOYEE POLYGRAPH PROTECTION ACT

The Employee Polygraph Protection Act prohibits most private employers from using lie detector tests either for pre-employment screening or during the course of employment.

PROHIBITIONS	Employers are generally prohibited from requiring or requesting any employee or job applicant to take a lie detector test, and from discharging, disciplining, or discriminating against an employee or prospective employee for refusing to take a test or for exercising other rights under the Act.
EXEMPTIONS	Federal, State and local governments are not affected by the law. Also, the law does not apply to tests given by the Federal Government to certain private individuals engaged in national security-related activities. The Act permits polygraph (a kind of lie detector) tests to be administered in the private sector, subject to restrictions, to certain prospective employees of security service firms (armored car, alarm, and guard), and of pharmaceutical manufacturers, distributors and dispensers. The Act also permits polygraph testing, subject to restrictions, of certain employees of private firms who are reasonably suspected of involvement in a workplace incident (theft, embezzlement, etc.) that resulted in economic loss to the employer. The law does not preempt any provision of any State or local law or any collective bargaining agreement which is more restrictive with respect to lie detector tests.
EXAMINEE RIGHTS	Where polygraph tests are permitted, they are subject to numerous strict standards concerning the conduct and length of the test. Examinees have a number of specific rights, including the right to a written notice before testing, the right to refuse or discontinue a test, and the right not to have test results disclosed to unauthorized persons.
ENFORCEMENT	The Secretary of Labor may bring court actions to restrain violations and assess civil penalties against violators. Employees or job applicants may also bring their own court actions.

THE LAW REQUIRES EMPLOYERS TO DISPLAY THIS POSTER WHERE EMPLOYEES AND JOB APPLICANTS CAN READILY SEE IT.



WAGE AND HOUR DIVISION
UNITED STATES DEPARTMENT OF LABOR

1-866-487-9243
www.dol.gov/agencies/whd



DERECHOS DEL EMPLEADO

LEY PARA LA PROTECCIÓN DEL EMPLEADO CONTRA LA PRUEBA DEL POLÍGRAFO

La Ley Para La Protección del Empleado contra la Prueba de Polígrafo le prohíbe a la mayoría de los empleadores del sector privado que utilice pruebas con detectores de mentiras durante el período de pre-empleo o durante el servicio de empleo.

PROHIBICIONES Generalmente se le prohíbe al empleador que le exija o requiera a un empleado o a un solicitante a un trabajo que se someta a una prueba con detector de mentiras, y que despida, discipline, o discrimine de ninguna forma contra un empleado o contra un aspirante a un trabajo por haberse negado a someterse a la prueba o por haberse acogido a otros derechos establecidos por la Ley.

EXENCIONES Esta Ley no afecta a los empleados de los gobiernos federal, estatales y locales. Tampoco se aplica a las pruebas que el Gobierno Federal les administra a ciertos individuos del sector privado que trabajan en actividades relacionadas con la seguridad nacional.

La Ley permite la administración de pruebas de polígrafo (un tipo de detector de mentiras) en el sector privado, sujeta a ciertas restricciones, a ciertos aspirantes para empleos en compañías de seguridad (vehículos blindados, sistemas de alarma y guardias). También se les permite el uso de éstas a compañías que fabrican, distribuyen y dispensan productos farmacéuticos.

La Ley también permite la administración de estas pruebas de polígrafo, sujeta a ciertas restricciones, a empleados de empresas privadas que estén bajo sospecha razonable de estar involucrados en un incidente en el sitio de empleo (tal como un robo, desfalco, etc.) que le haya ocasionado daños económicos al empleador.

La Ley no substituye ninguna provisión de cualquier otra ley estatal o local ni tampoco a tratos colectivos que sean más rigurosos con respecto a las pruebas de polígrafo.

DERECHOS DE LOS EXAMINADOS En casos en que se permitan las pruebas de polígrafo, éstas deben ser administradas bajo una cantidad de normas estrictas en cuanto a su administración y duración. Los examinados tienen un número de derechos específicos, incluyendo el derecho de advertencia por escrito antes de someterse a la prueba, el derecho a negarse a someterse a la prueba o a discontinuarla, al igual que el derecho a negarse a que los resultados de la prueba estén al alcance de personas no autorizadas.

CUMPLIMIENTO El/La Secretario(a) de Trabajo puede entablar pleitos para impedir violaciones y puede imponer penas pecuniarias civiles contra los violadores. Los empleados o solicitantes a empleo también tienen derecho a entablar sus propios pleitos en los tribunales.

LA LEY EXIGE QUE LOS EMPLEADORES EXHIBAN ESTE AVISO DONDE LOS EMPLEADOS Y LOS SOLICITANTES DE EMPLEO LO PUEDAN VER FÁCILMENTE.



DIVISIÓN DE HORAS Y SALARIOS
DEPARTAMENTO DE TRABAJO DE LOS EE.UU.

www.dol.gov/agencies/whd

1-866-487-9243



Your Employee Rights Under the Family and Medical Leave Act

What is FMLA leave?

The Family and Medical Leave Act (FMLA) is a federal law that provides eligible employees with **job-protected leave** for qualifying family and medical reasons. The U.S. Department of Labor's Wage and Hour Division (WHD) enforces the FMLA for most employees.

Eligible employees can take **up to 12 workweeks** of FMLA leave in a 12-month period for:

- The birth, adoption or foster placement of a child with you,
- Your serious mental or physical health condition that makes you unable to work,
- To care for your spouse, child or parent with a serious mental or physical health condition, and
- Certain qualifying reasons related to the foreign deployment of your spouse, child or parent who is a military servicemember.

An eligible employee who is the spouse, child, parent or next of kin of a covered servicemember with a serious injury or illness **may take up to 26 workweeks** of FMLA leave in a single 12-month period to care for the servicemember.

You have the right to use FMLA leave in **one block of time**. When it is medically necessary or otherwise permitted, you may take FMLA leave **intermittently in separate blocks of time, or on a reduced schedule** by working less hours each day or week. Read Fact Sheet #28M(c) for more information.

FMLA leave is **not paid leave**, but you may choose, or be required by your employer, to use any employer-provided paid leave if your employer's paid leave policy covers the reason for which you need FMLA leave.

Am I eligible to take FMLA leave?

You are an **eligible employee** if **all** of the following apply:

- You work for a covered employer,
- You have worked for your employer at least 12 months,
- You have at least 1,250 hours of service for your employer during the 12 months before your leave, and
- Your employer has at least 50 employees within 75 miles of your work location.

Airline flight crew employees have different "hours of service" requirements.

You work for a **covered employer** if **one** of the following applies:

- You work for a private employer that had at least 50 employees during at least 20 workweeks in the current or previous calendar year,
- You work for an elementary or public or private secondary school, or
- You work for a public agency, such as a local, state or federal government agency. Most federal employees are covered by Title II of the FMLA, administered by the Office of Personnel Management.

How do I request FMLA leave?

Generally, **to request FMLA leave you must:**

- Follow your employer's normal policies for requesting leave,
- Give notice at least 30 days before your need for FMLA leave, or
- If advance notice is not possible, give notice as soon as possible.

You **do not have to share a medical diagnosis** but must provide enough information to your employer so they can determine whether the leave qualifies for FMLA protection. You **must also inform your employer if FMLA leave was previously taken** or approved for the same reason when requesting additional leave.

Your **employer may request certification** from a health care provider to verify medical leave and may request certification of a qualifying exigency.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

State employees may be subject to certain limitations in pursuit of direct lawsuits regarding leave for their own serious health conditions. Most federal and certain congressional employees are also covered by the law but are subject to the jurisdiction of the U.S. Office of Personnel Management or Congress.

What does my employer need to do?

If you are eligible for FMLA leave, your **employer must:**

- Allow you to take job-protected time off work for a qualifying reason,
- Continue your group health plan coverage while you are on leave on the same basis as if you had not taken leave, and
- Allow you to return to the same job, or a virtually identical job with the same pay, benefits and other working conditions, including shift and location, at the end of your leave.

Your **employer cannot interfere with your FMLA rights** or threaten or punish you for exercising your rights under the law. For example, your employer cannot retaliate against you for requesting FMLA leave or cooperating with a WHD investigation.

After becoming aware that your need for leave is for a reason that may qualify under the FMLA, your **employer must confirm whether you are eligible** or not eligible for FMLA leave. If your employer determines that you are eligible, your **employer must notify you in writing:**

- About your FMLA rights and responsibilities, and
- How much of your requested leave, if any, will be FMLA-protected leave.

Where can I find more information?

Call **1-866-487-9243** or visit **dol.gov/fmla** to learn more.

If you believe your rights under the FMLA have been violated, you may file a complaint with WHD or file a private lawsuit against your employer in court. **Scan the QR code to learn about our WHD complaint process.**



WAGE AND HOUR DIVISION
UNITED STATES DEPARTMENT OF LABOR

SCAN ME



Sus derechos de personal según la Ley de Licencia Familiar y Médica

¿Qué es una licencia de FMLA?

La Ley de Licencia Familiar y Médica (FMLA, por sus siglas en inglés) es una ley federal que proporciona al personal elegible **licencias con protección del empleo** por razones familiares y médicas que califiquen. La División de Horas y Salarios (WHD, por sus siglas en inglés) del Departamento de Trabajo de EE. UU. hace cumplir la FMLA para la mayoría del personal.

El personal elegible puede tomarse licencias de FMLA de **hasta 12 semanas de trabajo** en un periodo de 12 meses por:

- El nacimiento, la adopción o la ubicación de hogar adoptivo de un niño o niña,
- Un problema grave de salud mental o físico que le impide trabajar,
- El cuidado de su cónyuge, hijos, hijas o padres con enfermedades mentales o físicas graves, y
- Ciertas razones que califican, relacionadas con la asignación de su cónyuge, hijo, hija, padre o madre en el servicio militar.

El personal que sea cónyuge, hijo, hija, padre, madre o familiar cercano de una persona cubierta en el servicio militar con una lesión o enfermedad grave **puede tomarse una licencia de FMLA de hasta 26 semanas de trabajo** en un solo periodo de 12 meses para cuidar a la persona en servicio.

Puede que usted tenga derecho a usar la licencia de FMLA en **un bloque de tiempo**. Cuando haya una necesidad médica o se permita por otro motivo, puede tomar una licencia de FMLA **de forma intermitente en bloques separados, o con un horario reducido** trabajando menos horas al día o a la semana. Lea la hoja informativa #28M(c) para obtener más información.

La licencia de FMLA **no es una licencia paga**, pero usted puede elegir, o puede que su empresa le exija, utilizar cualquier licencia paga proporcionada por la empresa si la política de licencias de su empresa cubre el motivo por el cuál necesita una licencia de FMLA.

¿Soy elegible para tomar una licencia de FMLA?

Usted es **elegible** si aplican **todas** las siguientes condiciones:

- Trabaja para una empresa cubierta,
- Ha trabajado para su empresa durante al menos 12 meses,
- Tiene al menos 1250 horas de servicio para su empresa durante los 12 meses previos a su licencia, y
- Su empresa tiene al menos 50 integrantes del personal dentro de las 75 millas desde su lugar de trabajo.

El personal de tripulación de vuelo tiene requisitos de "horas de servicio" diferentes.

Trabaja para una **empresa cubierta** si aplica **una** de las siguientes condiciones:

- Trabaja para una empresa privada que tiene al menos 50 integrantes del personal durante al menos 20 semanas laborales en el año actual o anterior,
- Trabaja para una escuela primaria o secundaria pública o privada, o
- Trabaja para una agencia pública, como una agencia gubernamental local, estatal o federal. La mayoría del personal está cubierta por el Título II de la FMLA, administrada por la Oficina de Administración de Personal.

¿Cómo solicito una licencia de FMLA?

En general, **para solicitar una licencia de FMLA usted debe:**

- Seguir las políticas regulares de su empresa para solicitar licencias,
- Avisar con al menos 30 días de anticipación que necesita una licencia de FMLA, o
- Si no es posible avisar con anticipación, avisar tan pronto sea posible.

Usted **no tiene obligación de compartir un diagnóstico médico**, pero debe proporcionar información suficiente para que su empresa pueda determinar si la licencia califica para la protección de la FMLA. Usted también **debe informar a su empresa si se tomó una licencia de FMLA anteriormente** o se aprobó por el mismo motivo al solicitar una licencia adicional.

Su **empresa puede solicitar certificación** de un prestador de atención médica para verificar la licencia médica y puede solicitar certificación de una exigencia que califique.

La FMLA no afecta ninguna ley federal o estatal que prohíba la discriminación, ni invalida ninguna ley estatal o local o acuerdo colectivo que proporcione mayores derechos de licencia familiar o médica.

El personal estatal puede estar sujeto a ciertas limitaciones al buscar demandas directas con respecto a licencias por sus propias condiciones graves de salud. La mayor parte del personal federal y cierta parte del congresional también está cubierta por la ley, pero está sujeta a la jurisdicción de la Oficina de Administración de Personal de EE. UU. o al Congreso.

¿Qué debe hacer mi empresa?

Si usted es elegible para una licencia de FMLA, su **empresa debe:**

- Permitirle que se ausente del trabajo con su empleo protegido, por un motivo que califique,
- Continuar su plan de cobertura grupal de salud mientras se encuentra de licencia, de la misma forma que si no estuviera de licencia, y
- Permitirle regresar al mismo empleo, o a un empleo virtualmente igual con el mismo salario, los mismos beneficios y otras condiciones de trabajo, incluidos los turnos y la ubicación, al finalizar su licencia.

Su **empresa no puede interferir con sus derechos de la FMLA** ni amenazar ni castigarle por ejercer sus derechos en virtud de la ley. Por ejemplo, su empleador no puede tomar represalias contra usted por solicitar una licencia de FMLA o cooperar con una investigación de WHD.

Tras tomar conocimiento de que su necesidad de tomar una licencia es por un motivo que califica según la FMLA, su **empresa debe confirmar si usted es elegible** o no para la licencia de la FMLA. Si su empresa determina que usted es elegible, su **empresa debe notificarle por escrito:**

- Sobre sus derechos y responsabilidades en virtud de la FMLA, y
- Qué parte de su licencia solicitada, si la hubiera, será protegida por la FMLA.

¿Dónde puedo encontrar más información?

Llame al **1-866-487-9243** o visite **dol.gov/fmla** para conocer más.

Si cree que sus derechos según la FMLA han sido violados, puede presentar una denuncia ante la WHD o presentar una demanda privada contra su empresa en la corte. **Escanee el código QR para conocer más sobre el proceso de denuncias de la WHD.**



DIVISIÓN DE HORAS Y SALARIOS
DEPARTAMENTO DE TRABAJO DE LOS ESTADOS UNIDOS