

GEORGIA LABOR LAWS

THE LAW

Equal Employment Opportunity is

Private Employers, State and Local Governments, Educational Institutions, Employment Agencies and Labor Organizations

RAISE YOUR NATIONAL BEST NATIONAL OFFER

EMPLOYERS: You are prohibited from discriminating on the basis of race, color, sex, religion, national origin, age, or disability. This prohibition applies to all employers with federal contracts or subcontracts that contain the Federal Acquisition Regulation (FAR) EEO clause. This prohibition also applies to all employers with federal contracts or subcontracts that contain the FAR EEO clause. This prohibition also applies to all employers with federal contracts or subcontracts that contain the FAR EEO clause.

EMPLOYEES: You are prohibited from discriminating on the basis of race, color, sex, religion, national origin, age, or disability. This prohibition applies to all employees of employers with federal contracts or subcontracts that contain the FAR EEO clause. This prohibition also applies to all employees of employers with federal contracts or subcontracts that contain the FAR EEO clause. This prohibition also applies to all employees of employers with federal contracts or subcontracts that contain the FAR EEO clause.

PROHIBITION ON DISCRIMINATION: It is unlawful for an employer to discriminate on the basis of race, color, sex, religion, national origin, age, or disability. This prohibition applies to all employers with federal contracts or subcontracts that contain the FAR EEO clause. This prohibition also applies to all employers with federal contracts or subcontracts that contain the FAR EEO clause. This prohibition also applies to all employers with federal contracts or subcontracts that contain the FAR EEO clause.

RAISE YOUR NATIONAL BEST NATIONAL OFFER

EMPLOYERS: You are prohibited from discriminating on the basis of race, color, sex, religion, national origin, age, or disability. This prohibition applies to all employers with federal contracts or subcontracts that contain the FAR EEO clause. This prohibition also applies to all employers with federal contracts or subcontracts that contain the FAR EEO clause. This prohibition also applies to all employers with federal contracts or subcontracts that contain the FAR EEO clause.

EMPLOYEES: You are prohibited from discriminating on the basis of race, color, sex, religion, national origin, age, or disability. This prohibition applies to all employees of employers with federal contracts or subcontracts that contain the FAR EEO clause. This prohibition also applies to all employees of employers with federal contracts or subcontracts that contain the FAR EEO clause. This prohibition also applies to all employees of employers with federal contracts or subcontracts that contain the FAR EEO clause.

PROHIBITION ON DISCRIMINATION: It is unlawful for an employer to discriminate on the basis of race, color, sex, religion, national origin, age, or disability. This prohibition applies to all employers with federal contracts or subcontracts that contain the FAR EEO clause. This prohibition also applies to all employers with federal contracts or subcontracts that contain the FAR EEO clause. This prohibition also applies to all employers with federal contracts or subcontracts that contain the FAR EEO clause.

Job Safety and Health IT'S THE LAW!

All workers have the right to:

- A safe workplace.
- Receive information and training on job hazards, including all hazardous substances in your workplace.
- Participate (or have your representative participate) in an OSHA inspection and speak in private to the inspector.
- File a complaint with OSHA within 30 days (by phone, online or by mail) if you have been retaliated against for using your rights.
- See any OSHA citations issued to your employer.
- Request copies of your medical records, tests that measure hazards in the workplace, and the workplace injury and illness log.

Employers must:

- Provide employees a workplace free from recognized hazards. It is illegal to retaliate against an employee for using any of their rights under the law, including a safety or health complaint, or reporting a work-related injury or illness.
- Comply with all applicable OSHA standards.
- Notify OSHA within 8 hours of a workplace fatality or within 24 hours of any work-related hospitalization, amputation, or loss of an eye.
- Provide required training to all workers in a language and vocabulary they can understand.
- Prominently display this poster in the workplace.
- Post OSHA citations at or near the place of the alleged violation.

On-Site Consultation services are available to small and medium-sized businesses, without citation or penalty, through OSHA's supported consultation programs in every state.

Contact OSHA. We can help.

1-800-321-OSHA (6742) • TTY 1-877-869-5827 • www.osha.gov

EMPLOYEE RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT

LEAVE ENTITLEMENTS

- Employees are entitled to a certain amount of leave to be used as unpaid job protection for a maximum of 12 weeks in any 12-month period.
- The leave is for the employee's own serious medical condition or that of a family member.
- The leave is for the employee's own serious medical condition or that of a family member.
- The leave is for the employee's own serious medical condition or that of a family member.
- The leave is for the employee's own serious medical condition or that of a family member.

ELIGIBILITY REQUIREMENTS

- The employee must have worked for the employer for at least 12 months.
- The employee must have worked at least 1,250 hours during the 12-month period.
- The employer must have at least 50 employees within a 75-mile radius of the employee's worksite.

REQUESTING LEAVE

- The employee must provide written notice to the employer at least 30 days before the start of the leave.
- The employee must provide a medical certification from a health care provider.
- The employee must provide a second medical certification from a health care provider.

EMPLOYER RESPONSIBILITIES

- The employer must maintain the employee's position or an equivalent position.
- The employer must restore the employee to the same or an equivalent position.
- The employer must not discriminate against the employee for taking leave.

ENFORCEMENT

- The Department of Labor (DOL) enforces the FMLA.
- The DOL may file a lawsuit on behalf of the employee.
- The DOL may seek civil penalties.

For additional information go to the consultant
1-866-4-USWAGE
www.dol.gov/whd
U.S. Department of Labor | Wage and Hour Division

YOUR RIGHTS UNDER USERRA

THE UNIFORM SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT

USERRA protects the rights of employees and uniformed services members of the uniformed services union who are called to active military service. It prohibits discrimination against employees and uniformed services members of the uniformed services union who are called to active military service.

PROHIBITION ON DISCRIMINATION: It is unlawful for an employer to discriminate against an employee or uniformed services member of the uniformed services union who is called to active military service on the basis of such service.

REINSTATEMENT: An employer must reinstate an employee or uniformed services member of the uniformed services union who is called to active military service to the position that the employee or member held when he or she last performed active military service.

COMPLIANCE: The employer must comply with the requirements of USERRA.

EMPLOYEE RIGHTS UNDER THE FAIR LABOR STANDARDS ACT

FEDERAL MINIMUM WAGE

\$7.25 PER HOUR

BEGINNING JULY 24, 2009

The law requires employers to display this poster where employees can readily see it.

OSHA Occupational Safety and Health Administration
DOL U.S. Department of Labor
WHD Wage and Hour Division

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.

PROHIBITION: Except as generally provided for in this Act, no employer shall use a lie detector test to determine the truth or falsity of any statement made by an individual in connection with the employment process or during the course of employment.

EXCEPTIONS: Federal, state, and local governments are not affected by this Act. The Act does not apply to the Federal Government or to any contractor or subcontractor of the Federal Government.

EXAMINE RIGHTS: Where a polygraph test is permitted, the test must be administered by a qualified examiner who is trained in the use of the polygraph and who is not involved in the hiring or firing of the employee.

ENFORCEMENT: The Secretary of Labor may bring a civil action to enforce this Act. The Secretary may seek civil penalties.

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

ComplianceSigns.com NOTICE TO EMPLOYERS:

This poster is designed to fulfill Federal and State workplace posting requirements. Keep this posted in a conspicuous place.

You may wish to consult with legal counsel for any additional posting requirements for your business.

EQUAL PAY FOR EQUAL WORK ACT

POLICY: The General Assembly of Georgia hereby declares that the practice of discriminating on the basis of sex by paying less to employees of one sex than to employees of the opposite sex for equal work which requires the same or substantially the same knowledge, skill, effort and responsibility and which requires the exercise of the same degree of care is hereby declared to be a public policy of this State to be corrected, as early as possible, to eliminate discriminatory wage practices based on sex.

PROHIBITION ON DISCRIMINATION: No employer having employees subject to any provisions of this section shall discriminate, within any establishment in which such employees are employed, between employees of the opposite sex by paying wages at a rate less than the rate paid to the opposite sex, EXCEPT WHERE SUCH POSITION IS MADE PUBLISHED TO:

1. A seniority system;
2. A merit system;
3. A system which measures earnings by quantity or quality of production; or
4. A differential based on any other factor than sex.

FOR INFORMATION ON EQUAL PAY FOR EQUAL WORK ACT CONTACT:
Georgia Department of Labor
Office of Equal Opportunity
148 Andrew Young International Bldg., N.E.
Atlanta, Georgia 30303-1781

FOR ADDITIONAL POSTERS PHONE: (404) 232-3292

POST IN PROMINENT PLACE AS REQUIRED BY LAW
Georgia Department of Labor Mark Butler, Commissioner
An Equal Opportunity Employer/Program

VACATION UNEMPLOYMENT INSURANCE IS NOT PAYABLE

WHEN YOU ARE ON:

- LEAVE OF ABSENCE at your own request
- PAID VACATION
- UNPAID VACATION, up to two weeks in a calendar year if provided by EMPLOYMENT CONTRACT, or by ESTABLISHED EMPLOYER CUSTOM, PRACTICE OR POLICY

PARAGRAPH (b)(2) OF OCGA SECTION 34-1-16

NO SMOKING

Georgia Smokefree Air Act of 2005
O.C.G.A. § 31-14-1 & 962

GEORGIA STATE BOARD OF WORKERS' COMPENSATION

BILL OF RIGHTS FOR THE INJURED WORKER

EMPLOYEE'S RIGHTS:

1. If you are injured on the job, you may receive medical and rehabilitation benefits. These benefits are provided to help you return to work. Your dependents may also receive benefits if you are unable to work.
2. Your employer is required to post a list of all licensed doctors or the name of the authorized MCMCO (Medical Claims Management Company) in your workplace. You must use the doctor or MCMCO on the list and make one change to another doctor on the list without the permission of your employer. However, you may change your doctor if you have a good reason to do so. You must notify your employer of any change to your doctor within 30 days of the change.
3. Your authorized doctor, hospital bills, rehabilitation in some cases, physical therapy, transportation and necessary travel expenses will be paid if you are unable to work. You may also receive the benefits of your group-term life insurance for up to \$250,000 per year. If you are unable to work, you may also receive medical and occupational rehabilitation benefits to help in recovering from your injury if you need help in the way of the State Board of Workers' Compensation at 404-656-3616.
4. If you are unable to work, you are entitled to receive two-thirds of your average weekly wage for up to 260 weeks. Your average weekly wage is based on your earnings for the 52 weeks immediately preceding the date of your injury. If you are not working and if the unemployment benefits you are receiving are less than two-thirds of your average weekly wage or 75 aggregate weeks, your weekly income benefits will be reduced to two-thirds of your average weekly wage for up to 260 weeks.
5. When you are able to return to work, but can only get a lesser paying job as a result of your injury, you are entitled to a benefit of not more than \$250 per week for up to 260 weeks.
6. Your dependents, in the event you die as a result of your on-the-job accident, will receive funeral expenses up to \$7,500 and two-thirds of your average weekly wage, but not more than 200 weeks per week. A minimum benefit will be paid in the event of a death of \$200.00. Benefits continue until you have remarried or identify contact with a person of the opposite sex.
6. If you die as a result of your on-the-job accident, the insurance carrier/employer must pay a gratuity, which will be added to your payment.

EMPLOYER'S RESPONSIBILITIES:

1. You must follow all rules of safety and other reasonable policies and procedures of the employer.
2. You must report any accident immediately, but not later than 30 days after the accident, to your employer, your employer's representative, your insurer or insurance broker. Failure to do so may result in the loss of the benefits.
3. An employer who is required to cooperate with medical providers in the course of their treatment for work-related injuries. You must accept reasonable medical treatment and rehabilitation services when ordered by your authorized doctor or the State Board of Workers' Compensation or the Board may suspend your benefits.
4. An employer who is required to provide for a injury or death of the employee's wife or husband.
5. You must notify the insurance carrier/employer of your address when you move to a new location. You must notify the insurance carrier/employer when you are able to return to full-time work and you must notify the insurer of your newly earning benefits when you are entitled to some income benefits even though you have returned to work.
6. An employer who is required to provide for a death benefit to the employee's dependent upon the death of the employee.
7. You must attempt a job assignment if the authorized hearing physician orders if the job is less than one year after you were injured. If you do not accept the job, your benefits may be suspended.
8. If you refuse any job benefits and your insurance carrier/employer denies those benefits, you must file a claim within one year after the date of the last authorized medical treatment to allow you to get your full payment of benefits or you will lose your right to those benefits.
9. If your dependents do not receive allowable benefits, the dependents must file a claim with the State Board of Workers' Compensation within one year after the date of the accident or the date of the death of the employee.
10. An employer who is required to provide for a death benefit to the employee's dependent upon the death of the employee.
11. You must file a claim for a permanent and/or partial disability benefit if you are unable to return to your previous job or a substantially equivalent job. The amount of the benefit will be determined by the insurance carrier/employer within one year of the date the employee was injured.
12. You must file a claim for a permanent and/or partial disability benefit if you are unable to return to your previous job or a substantially equivalent job. The amount of the benefit will be determined by the insurance carrier/employer within one year of the date the employee was injured.

The State Board of Workers' Compensation will provide you with information regarding how to file a claim and will answer any other questions regarding your rights under the law. You may call the Atlanta office at 404-656-3616, the general public information line at 1-800-532-8822, or write the State Board of Workers' Compensation at 270 Peachtree Street, N.E., Atlanta, Georgia 30303-1009 or visit our website: www.gaworkerscomp.com. A lawyer is not needed to file a claim with the State Board. However, if you wish, you may hire your own personal lawyer. You may contact the Lawyer Referral Service at 404-527-7277 or 1-800-222-8200.

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3616 OR 1-800-532-8822 OR VISIT <http://www.gaworkerscomp.com>. We'll make a reasonable effort to answer your questions.

REVISION 07/2016 WC - BILL OF RIGHTS

UNEMPLOYMENT INSURANCE FOR EMPLOYEES

Your job with this employer is covered by the Employment Security Law. You may be able to establish a claim for Unemployment Insurance if you become TOTALLY or PARTIALLY unemployed through no fault of your own and comply with all requirements.

IMPORTANT

YOU MAY FILE A CLAIM FOR UNEMPLOYMENT INSURANCE BENEFITS VIA THE INTERNET AT dol.georgia.gov. YOU MAY ALSO FILE A CLAIM IN PERSON AT ANY GEORGIA DEPARTMENT OF LABOR (DOL) CAREER CENTER LISTED BELOW.

THE GEORGIA EMPLOYMENT SECURITY LAW STATES FOR EACH WEEK YOU CLAIM UNEMPLOYMENT BENEFITS YOU MUST:

- Be UNEMPLOYED, ABLE TO WORK, AVAILABLE FOR WORK, ACTIVELY SEEKING WORK, and be willing to immediately accept suitable work.
- Register for employment services with the Georgia Department of Labor.
- Report weekly work search contacts, all earnings each week, and any job refusal.

NOTICE

Employers cannot deduct any money from employees' paychecks to pay unemployment insurance tax. The funding for unemployment insurance benefits comes from taxes paid by employers.

OFFICES WHERE UNEMPLOYMENT INSURANCE CLAIMS MAY BE FILED

ATLANTA	CARROLLTON	DUBLIN	LAFAYETTE	THOMSON
ALBANY	CARTERSVILLE	EASTMAN	LAGRANGE	TOFFIN
AMERICUS	CLAYTON COUNTY	GAINESVILLE	MADISON	TUCSON
ATHENS	CONYERS	GRIFFIN	MALDENVILLE	VALDOSTA
AUGUSTA	COLUMBUS	HAWKINSVILLE	MOLLETT	VIDALIA
BAINBRIDGE	CONNINGTON	INWENETT COUNTY	ROSWELL	WADSWORTH
BLUES RIDGE	DALTON	INNESVILLE	SWANNAH	
BURNSWICK	DEKALB	HOUSTON COUNTY	STATESBORO	
CARD	DOUGLAS	KINGS BAY	THOMASVILLE	

GEORGIA DEPARTMENT OF LABOR
Equal Opportunity Employer/Program - Auxiliary Aids & Services Are Available Upon Request To Individuals With Disabilities

OFFICIAL NOTICE

This business operates under the Georgia Workers' Compensation Law.

WORKERS MUST REPORT ALL ACCIDENTS IMMEDIATELY TO THE EMPLOYER BY ADVISING THEIR SUPERVISOR, AN AGENT, REPRESENTATIVE, BOSS, SUPERVISOR, OR FOREMAN.

If a worker is injured on the job, the employer shall provide medical and rehabilitation expenses within the limits of the law. In some cases the employer will also pay up to a portion of the worker's lost wages. Work injuries and occupational diseases should be reported to your supervisor. The worker may lose the right to receive compensation if an accident is not reported within 30 days (O.C.G.A. § 34-9-2).

Work injuries and occupational diseases should be reported to your supervisor. The worker may lose the right to receive compensation if an accident is not reported within 30 days (O.C.G.A. § 34-9-2).

A worker injured on the job must notify a doctor from the list below. The return must be completed by the doctor and returned to the employer within 30 days of the date of the injury. If the worker does not return to work within 30 days of the date of the injury, the employer may stop paying benefits. The employer will also notify the employee, upon request, copies of board forms on file with the employer pertaining to an employee's case.

A worker injured on the job must notify a doctor from the list below. The return must be completed by the doctor and returned to the employer within 30 days of the date of the injury. If the worker does not return to work within 30 days of the date of the injury, the employer may stop paying benefits. The employer will also notify the employee, upon request, copies of board forms on file with the employer pertaining to an employee's case.

State Board of Workers' Compensation
148 Andrew Young International Bldg., N.E.
Atlanta, Georgia 30303-1781
404-656-3616 or 1-800-532-8822
www.gaworkerscomp.com

Name _____
address _____
phone _____

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3616 OR 1-800-532-8822 OR VISIT <http://www.gaworkerscomp.com>. We'll make a reasonable effort to answer your questions.