

FEDERAL WAGE AND LABOR LAW INSTITUTE

WYOMING WORKERS' COMPENSATION ACT

Your employer may have qualified with the Workers' Safety and Compensation Division for the coverage of injuries arising out of and in the course of employment, while at work on or about the premises occupied, used or controlled by the employer. This coverage is for extrahazardous industries and occupations only if the employer has elected to cover non-extrahazardous.

In the event of a work related injury:

1. Notify your employer how and when you were injured within seventy-two (72) hours of the incident.
2. Submit a written report of your injury to Wyoming Workers' Safety and Compensation within 10 days of the incident. You must complete and sign the "Wyoming Report of Injury" form. If your employer does not have any forms, call (307) 777-7441, or contact your nearest Wyoming Workforce Center, for information on how or where to obtain an injury report form.
3. Submit the form to a local Workers' Compensation office or representative, or mail it to:

Wyoming Workers' Safety and Compensation
P.O. Box 20207
Cheyenne, WY 82002

The filing of an injury report is not a claim for lost wages or any other workers' compensation benefit. You must apply for benefits. To obtain the appropriate application form, contact Workers' Safety and Compensation. For more detailed information or assistance concerning benefits and procedures, call the Wyoming Workers' Safety and Compensation Division at (307) 777-7441 or visit <http://www.wyomingworkforce.org/>

Wyoming State Minimum Wage \$5.15 per hour

A training wage of \$4.25 per hour is allowed for employees under age 20 during the first 90 days of employment.

Discrimination Is Against The Law

The Wyoming Fair Employment Practices Act of 1965, as amended, makes it an unlawful employment practice for an employer to:

Refuse to hire
To discharge
Refuse to promote
To demote

Or

To discriminate in matters of compensation or the terms, conditions or privileges of employment against any person otherwise qualified because of:

RACE	COLOR
SEX	NATIONAL ORIGIN
CREED	ANCESTRY
AGE	DISABILITY

Information and Materials pertaining to Equal Employment Opportunity may be obtained by writing:

WYOMING DWS FAIR EMPLOYMENT PROGRAM
Labor Standards
1510 E. Pershing Blvd., Room 150
Cheyenne, WY 82002
(307) 777-7261

If you feel that you have been Discriminated against in matters Of employment contact:

ATTENTION EMPLOYEES: Your rights are protected.

State of Wyoming/DOE

Posters required to be displayed in a conspicuous location accessible to all employees.

S T A T E O F W Y O M I N G

HEALTH AND SAFETY PROTECTION ON THE JOB

THE WYOMING OCCUPATIONAL HEALTH AND SAFETY ACT PROVIDES JOB HEALTH AND SAFETY PROTECTION FOR WORKERS EMPLOYED BY GENERAL BUSINESS AND INDUSTRY THROUGHOUT THE STATE AS WELL AS FOR ALL EMPLOYEES OF THE STATE AND ITS POLITICAL SUB-DIVISIONS. OCCUPATIONS WHICH ARE NOT AN ISSUE WITHIN THE STATE AND ARE NOT COVERED BY THE OCCUPATIONAL HEALTH AND SAFETY ACT INCLUDE SHIP REPAIRING, SHIP BUILDING, SHIP BREAKING AND LONGSHORING.

WYOMING WORKERS' SAFETY AND COMPENSATION (WSC) IN CONSULTATION WITH THE WYOMING OCCUPATIONAL HEALTH AND SAFETY COMMISSION, CREATED BY THE ACT, HAS PRIMARY RESPONSIBILITY FOR ADMINISTERING THE ACT. WSC ISSUES RULES AND REGULATIONS FOR JOB HEALTH AND SAFETY PROMULGATED UNDER THE ACT.

BY LAW: SAFETY ON THE JOB IS EVERYBODY'S RESPONSIBILITY!

EMPLOYERS:

EACH EMPLOYER SHALL FURNISH TO HIS EMPLOYEES, A PLACE OF EMPLOYMENT AND EMPLOYMENT WHICH ARE FREE FROM RECOGNIZED HAZARDS THAT ARE CAUSING OR THAT ARE LIKELY TO CAUSE DEATH OR SERIOUS PHYSICAL HARM.

EACH EMPLOYER SHALL COMPLY WITH OCCUPATIONAL SAFETY AND HEALTH STANDARDS, RULES, REGULATIONS AND ORDERS ISSUED PURSUANT TO THE ACT.

EMPLOYEES:

EACH EMPLOYEE SHALL COMPLY WITH OCCUPATIONAL SAFETY AND HEALTH STANDARDS AND ALL RULES, REGULATIONS AND ORDERS ISSUED PURSUANT TO THIS ACT WHICH ARE APPLICABLE TO HIS OWN ACTION AND CONDUCT.

INSPECTION:

THE ACT REQUIRES THAT A REPRESENTATIVE OR REPRESENTATIVES OF THE EMPLOYER AND A REPRESENTATIVE OR REPRESENTATIVES AUTHORIZED BY THE EMPLOYEES SHALL BE GIVEN AN OPPORTUNITY TO ACCOMPANY A DULY AUTHORIZED REPRESENTATIVE OF THE COMMISSION BEFORE OR DURING THE PHYSICAL INSPECTION OF ANY WORKPLACE FOR THE PURPOSE OF AIDING SUCH INSPECTION.

WHERE THERE IS NO AUTHORIZED EMPLOYEE REPRESENTATIVE, THE AUTHORIZED REPRESENTATIVE OF THE COMMISSION (COMPLIANCE OFFICER) SHALL CONSULT WITH A REASONABLE NUMBER OF EMPLOYEES CONCERNING MATTERS OF SAFETY AND HEALTH.

VIOLATION:

IF UPON INSPECTION WSC DETERMINES THAT AN EMPLOYER HAS VIOLATED THE ACT, A NOTICE OF VIOLATION WILL BE ISSUED TO THE EMPLOYER WITHIN 180 DAYS FOLLOWING THE OCCURRENCE OF THE VIOLATION. EACH NOTICE OF VIOLATION WILL SPECIFY A TIME PERIOD WITHIN WHICH THE VIOLATION MUST BE CORRECTED.

THE NOTICE OF VIOLATION MUST BE PROMINENTLY POSTED IN A CONSPICUOUS PLACE AT OR NEAR THE SITE OF THE VIOLATION UNTIL THE VIOLATION IS CORRECTED, OR FOR 3 WORKING DAYS, WHICHEVER PERIOD IS LONGER.

VOLUNTARY ACTION:

TECHNICAL ASSISTANCE CONSULTATIVE SERVICES IS RESPONSIBLE FOR PROVIDING TECHNICAL ASSISTANCE TO ALL INDUSTRIES, BUSINESSES, EMPLOYEES, EMPLOYEE GROUPS, ASSOCIATIONS, STATE AND LOCAL GOVERNMENTS, ESTABLISHMENTS, AGENCIES AND DEPARTMENTS. THESE SERVICES ARE AVAILABLE UPON WRITTEN REQUEST FROM EMPLOYERS OR EMPLOYEES. THESE SERVICES INCLUDE BUT ARE NOT LIMITED TO COURTESY INSPECTIONS (WITHOUT ASSESSMENT OF PENALTIES), HEALTH AND SAFETY TRAINING AND CONSULTIVE SERVICES.

COMPLAINT:

EMPLOYEES OR THEIR REPRESENTATIVES HAVE THE RIGHT TO FILE A COMPLAINT WITH WSC REQUESTING AN INSPECTION IF THEY BELIEVE UNSAFE OR UNHEALTHFUL CONDITIONS EXIST IN THEIR WORKPLACE. WSC WILL WITHHOLD NAMES OF EMPLOYEES COMPLAINING ON REQUEST.

THE ACT PROVIDES THAT EMPLOYEES MAY NOT BE DISCHARGED OR DISCRIMINATED AGAINST IN ANY WAY FOR FILING SAFETY AND HEALTH COMPLAINTS OR OTHERWISE EXERCISING THEIR RIGHTS UNDER THE ACT.

AN EMPLOYEE WHO BELIEVES HE HAS BEEN DISCRIMINATED AGAINST MAY FILE A COMPLAINT WITH WORKERS' SAFETY AND COMPENSATION, CHEYENNE, WYOMING 82002, AND/OR THE REGIONAL OFFICE OF OSHA, US DEPARTMENT OF LABOR, AT THE ADDRESS LISTED BELOW, WITHIN 30 DAYS OF THE ALLEGED DISCRIMINATION.

PENALTY:

THE ACT PROVIDES FOR MANDATORY PENALTIES OF UP TO \$7,000 FOR EACH SERIOUS VIOLATION AND FOR OPTIONAL PENALTIES OF UP TO \$7,000 FOR EACH NON-SERIOUS VIOLATION. PENALTIES OF UP TO \$7,000 ARE REQUIRED FOR EACH DAY DURING WHICH AN EMPLOYER FAILS TO CORRECT A VIOLATION BEYOND THE PERIOD SET FOR CORRECTION IN THE NOTICE OF VIOLATION. ALSO, ANY EMPLOYER WHO WILLFULLY AND KNOWINGLY VIOLATES THE ACT, UPON CONVICTION, IS TO BE ASSESSED PENALTIES OF NOT MORE THAN \$70,000 FOR EACH VIOLATION.

ADDITIONAL PENALTIES ARE ALSO PROVIDED FOR IN THE ACT: ANY WILLFUL VIOLATION RESULTING IN DEATH OF AN EMPLOYEE, UPON CONVICTION OF AN EMPLOYER, IS PUNISHABLE BY A FINE OF NOT MORE THAN \$10,000 OR BY IMPRISONMENT FOR NOT MORE THAN SIX MONTHS, OR BY BOTH. CONVICTION OF AN EMPLOYER AFTER A FIRST CONVICTION DOUBLES THESE MAXIMUM PENALTIES.

Note: Additional information may be obtained from

Workers' Safety and Compensation
Cheyenne, WY 82002
(307) 777-7786
<http://osha.wyo.gov>

THIS NOTICE SHALL BE CONSPICUOUSLY POSTED IN EACH PLACE OF EMPLOYMENT IN THE STATE OF WYOMING AS REQUIRED BY THE RULES OF PRACTICE AND PROCEDURE

UNDER A PLAN APPROVED BY THE U.S. DEPARTMENT OF LABOR, OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA), THE STATE OF WYOMING IS PROVIDING JOB SAFETY AND HEALTH PROTECTION FOR WORKERS THROUGHOUT THE STATE. OSHA WILL MONITOR THE OPERATION OF THIS PLAN TO ASSURE THAT CONTINUED APPROVAL IS MERITED. ANY PERSON MAY MAKE A COMPLAINT REGARDING THE STATE ADMINISTRATION OF THIS PLAN DIRECTLY TO THE REGIONAL OFFICE OF OSHA, U.S. DEPARTMENT OF LABOR, OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION, 1999 BROADWAY #1690, DENVER, COLORADO 80202-5716, TELEPHONE: (720) 264-6550.



Wyoming Unemployment Insurance

Claims may be filed by Unemployed Workers by telephone or by the Internet.

Unemployment insurance taxes are paid by employers.

YOU ARE INSURED UNDER THE LAW

DEPARTMENT OF WORKFORCE SERVICES
Unemployment Insurance Division
P.O. Box 2760
Casper, WY 82602

WYOMING CLAIMS CENTER
In-state (307) 473-3789
Out-of-state (866) 729-7799

INTERNET CLAIMS ADDRESS:
<http://www.wyomingworkforce.org>

UI INFORMATION
<http://www.wyomingworkforce.org>

WYOMING @ WORK:
<http://www.wyomingatwork.com/>

7001 W. 43 RD STREET
HOUSTON, TEXAS 77092

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