**Minimum Wage**

**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.

**Workers Rights**

**Attention Employees**

YOUR RIGHTS ARE PROTECTED!

The State of Wyoming requires labor law to be displayed in a conspicuous location accessible to all employees.

**ATTENTION EMPLOYEES AND APPLICANTS**

This information must be posted at all times and available for your review. If you have any questions about these postings, please call the Wyoming Department of Workforce Services at (307) 777-8650 or 877-WORK-WYO.

**Unemployment Inc.**

Department of Workforce Services

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

PO Box 2760

Cheyenne, WY 82002

Wyoming Claims Center

In-State (307) 473-3788;

Out-of-State (866) 729-7799

Internet Claims

dws.wyo.gov

Unemployment Insurance Information

dws.wyo.gov

Wyoming @ Work

(find a job in Wyoming)

wyomingatwork.com

**WOB Program**

Department of Workforce Services

WORKERS’ COMPENSATION ACT

Your employer may have qualified with the Workers’ Compensation Division for the coverage of injuries arising out of and in the course of employment. While at work or in or about the premises occupied, used or controlled by the employer. This coverage is required for extra hazardous industries and occupations. Employers in non-extra hazardous industries may opt for this coverage level, as well.

In the event of a work-related injury

1. Notify your employer how and when you were injured within 72 hours of the incident.
2. Submit a written report of your injury to Wyoming Workers’ 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 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’ Compensation**

   PO 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’ Compensation. For more detailed information or assistance concerning benefits and procedures, call the Wyoming Workers’ Compensation Division at (307) 777-7441 or visit dws.wyo.gov.

**Wyoming Department of Workforce Services**

**HEALTH AND SAFETY PROTECTION ON THE JOB**

**Wyoming Department of Workforce Services Notice to Employees**

**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.

The Wyoming Department of Workforce Services, OSHA Division, created by the Act, has primary responsibility for administering the Act, and the Occupational Health and Safety Commission promulgates rules and regulations for workplace health and safety standards as authorized by the Act.

By law: Safety on the job is everybody’s responsibility!

**Employers**

Each employer shall provide a place of employment as well as 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 occupations’ safety and health standards, rules, regulations, and orders issued pursuant to the Act.

**Employees**

Each employee shall comply with occupational health and safety standards and all rules, regulations, and orders issued pursuant to this Act, which are applicable to their own action and conduct.

**Employer Reporting Requirements**

Report to OSHA all work-related fatalities within 8 hours, and all inpatient hospitalizations, amputations and losses of an eye within 24 hours.

**Inspection**

The Act requires that a representative or representatives of the employers and a representative or representatives authorized by the employers 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 Wyoming OSHA Division determines that an employer has violated the Act, a citation and notification of penalty will be issued to the employer within 10 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 three working days, whichever period is longer.

**Voluntary Action**

Technical Assistance Consultative Services is responsible for providing free technical assistance to all employers, associations, state and local governments working within the boundaries of Wyoming. These services are available upon a written request from employers. These services include but are not limited to courtesy visits (without assessment of penalties), health and safety training and consultative services.

**Complaint**

Employees or their representatives have the right to file a complaint with Wyoming OSHA requesting an inspection if they believe unsafe or unhealthful conditions exist in their workplace. Wyoming OSHA will withhold complainant names.

The Act provides that employers may not be discharged or discriminated against in any way for filing safety and health complaints or otherwise exercising their rights under the Act. Note: Discrimination cases do not have a set number of days to issue a citation for protected activity.

An employee who believes he or she has been discriminated against through retaliatory action by your employer may file a complaint with Wyoming OSHA Division, Cheyenne, Wyoming 82002 and or the Regional Office of OSHA, U.S. Department of Labor, at the Address listed below this notice within 30 days of the alleged discrimination.

**Penalty**

The Act provides for mandatory penalties for serious and repeat serious violations and for optional penalties for each non-serious or regulatory violation(s). Penalties can also be required for each day during which an employer fails to correct a violation beyond the period set for correction in the notice of violation. In addition, any employer who willfully and knowingly violates the Act, can be assessed penalties for each willful violation. Penalty amounts can be obtained by contacting Wyoming OSHA at (307) 777-7786 or from checking rules.wyo.gov/search.aspx?mode=1.

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 (6) months, or both. Conviction of an employer after a first conviction doubles these maximum penalties.

**All Workers have the right to...**

- A safe workplace.
- Raise a safety or health concern with your employer or OSHA, or report a work-related injury or illness, without being retaliated against.
- Receive information and training on job hazards, including all hazardous substances in your workplace.
- Request an OSHA inspection of your workplace if you believe there are unsafe or unhealthful conditions. OSHA will keep your name confidential. You have the right to have a representative contact OSHA on your behalf.
- 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, the law requiring a safety and health safety concern with you or with OSHA, or reporting a work-related injury or illness.
- Comply with all applicable OSHA standards.
- Provide require 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 for a minimum of 3 days or until all the citations are abated.
- Note: Additional information may be obtained from:

  - Wyoming OSHA Cheyenne, Wyoming 82002
  - Wyoming’s e-Lawyer

**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 place approved by the U.S. Department of Labor, Occupational Safety and Health Administration (OSHA), the State of Wyoming provides job health and safety protection for workers throughout the state. Wyoming 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 place directly to the Regional Office of OSHA, U.S. Department of Labor, Occupational Safety and Health Administration, 1999 Broadway #1690, Denver, CO 80222-5716, Phone: (303) 844-1600.

REV. 04/19/2019

**Contact Information**

To update your labor law posters contact J. J. Keller & Associates, Inc.

800-327-6868

wyomingatwork.com

Health and Safety Information

Department of Workforce Services

Unemployment Insurance Division

PO Box 2760

Cheyenne, WY 82002

Wyoming Claims Center

In-State (307) 473-3788;

Out-of-State (866) 729-7799

INTERNET CLAIMS

dws.wyo.gov

UNEMPLOYMENT INSURANCE INFORMATION

dws.wyo.gov

WYOMING WORKERS’ COMPENSATION

PO Box 20207

Cheyenne, WY 82002

The Wyoming Workers’ Compensation Division at (307) 777-7441 or visit dws.wyo.gov.

QR CODE

To verify this poster scan the QR code above.

ONLINE

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