

# NEW MEXICO

## Labor Laws

Department of Workforce Solutions  
**MINIMUM WAGE ACT**  
EMPLOYEE RIGHTS

**MINIMUM WAGE IN NEW MEXICO**  
**\$12 per hour as of January 1, 2023**

**OVERTIME PAY**  
At least 1½ times your regular hourly rate of pay for all hours worked over 40 in a workweek.

**TIPPED WORKERS**  
Employers must pay tipped employees an hourly rate of at least \$3 per hour. If the tips plus the hourly rate do not equal at least \$12 per hour, the employer must make up the difference. Tipped employees have a right to keep all of their tips. Tip pooling may only be among wait staff.

**NO SEPARATE RATE FOR STUDENTS OR MINORS**  
These minimum wage rates apply to all employees regardless of their age or student status.

**DAMAGES**  
Employers who violate the minimum wage or overtime requirements are required to pay impacted employees the full amount of their underpaid wages plus interest, plus an additional amount equal to twice the underpaid wages.

Employers must display this poster where employees can easily see it.

For more information or to file a wage claim, contact the Labor Relations Division at 505-841-4400, or online at [www.dws.state.nm.us](http://www.dws.state.nm.us)

**NOTICE:** This state has its own minimum wage law. Employers are also required to display the federal Employee Rights Under the Fair Labor Standards Act posting, which indicates the federal minimum wage. Where federal and state rates both apply to an employee, the U.S. Department of Labor dictates that the employee is entitled to the higher minimum wage rate.

**THIS NOTICE IS FOR INFORMATIONAL PURPOSES ONLY.**

## JOB HEALTH AND SAFETY POSTER

You Have a Right to a Safe and Healthful Workplace  
**IT'S THE LAW!**

**SALUD DE TRABAJO Y CARTEL DE SEGURIDAD**  
Usted Tiene el Derecho a un Lugar de Trabajo Seguro y Saludable.  
**¡LO ESTABLECE LA LEY!**

**Employees:**

- You have the right to notify your employer or OSHA about workplace hazards. You may ask OSHA to keep your name confidential.
- You have the right to request a New Mexico OSHA inspection if you believe that there are unsafe or unhealthful conditions in your workplace. You or your representative may participate in the inspection.
- You can file a complaint with New Mexico OSHA within 30 days of discrimination by your employer for making safety and health complaints or for exercising your rights under the New Mexico Occupational Health and Safety Act.
- You have a right to see OSHA citations issued to your employer. Your employer must post the citations at or near the place of the alleged violation.
- Your employer must correct workplace hazards by the date indicated on the citation and must certify that these hazards have been reduced or eliminated.
- You have the right to copies of your medical records or records of your exposure to toxic and harmful substances or conditions.
- Your employer must post this notice in your workplace.
- You must comply with all OSHA standards issued under the OSH Act that apply to your own actions and conduct on the job.

- Employers:**
- Employers must furnish your employees a place of employment free from recognized hazards.
  - Employers must comply with the OSHA standards issued under the OSHA Act.

The Occupational Safety and Health Act of 1970 (OSH Act), P.L. 91-596, assures safe and healthful working conditions for working men and women throughout the Nation. The Occupational Safety and Health Administration, in the U.S. Department of Labor, has the primary responsibility for administering the OSHA Act. The rights listed here may vary depending on the particular circumstances. To file a complaint, report an emergency, or seek free OSHA advice and assistance, call 1-877-610-6742 or (505) 476-8700. Our fax number is (505) 476-8734. For information or assistance relative to the State Occupational Health & Safety program, please refer to address below.

The Federal Occupational Safety and Health Administration monitors the operation of the state program to assure its continued effectiveness. Anyone wishing to register a complaint concerning the administration of the New Mexico Occupational Health and Safety Program may do so by contacting U.S. Department of Labor, Occupational Safety and Health Administration, 525 Griffin Street, Room 602, Dallas, Texas 75202 at (972) 850-4145.

**NM OSHA The Best Resource for Health and Safety**  
El Mayor Recurso para la Salud y Seguridad

New Mexico OSHA

**SITE ADDRESS / LA DIRECCIÓN A LA AGENCIA:**  
525 CAMINO DE LOS MARQUEZ, STE. 3  
SANTA FE, NM 87505

**MAILING ADDRESS / DIRECCIÓN DE ENVÍO:**  
PO Box 26110  
SANTA FE, NM 87502

**TELEPHONE NO./NUMERO DE TELEFONO:**  
505-476-8700 OR  
1-877-610-6742

**FAX NUMBER/NUMERO DE FACSIMIL:**  
505-476-8734

RO22607 MMP

Department of Workforce Solutions

**PAID SICK LEAVE**  
Notice of Employee Rights

Healthy Workplaces Act | NMSA 50-17-1 to 50-17-12 | Effective date: July 1, 2022

**Labor Relations Division**  
401 Broadway NE, Albuquerque, NM 87102  
Albuquerque: (505) 841-4400 • Santa Fe: (505) 827-6838 • Las Cruces: (575) 524-6195

**ACCURAL**  
Employees accrue one hour of earned sick leave for every thirty hours worked, starting their first day of work. Up to 64 hours of unused earned sick leave can carry over year-to-year.  
The Act provides minimum requirements; other laws or employer policies may provide for more accrual, use, or carry over of earned sick leave. The Act does not preempt or override the terms of any collective bargaining agreement.  
The Act applies to all employees—full-time, part-time, seasonal, and temporary.  
The Act also applies to employees who are salaried, tipped, or on a per-diem schedule, as well as employees paid on task, piece, or commission basis. Employees may not contract out of or agree to waive their rights under the Act.

**USE OF PAID SICK LEAVE**  
Employees may use up to 64 hours of earned sick leave per twelve-month period, if they work enough hours. Individual employees may set a higher limit. Employees may select when the 12-month period begins.

**REASON FOR USE OF LEAVE**  
Employees may use accrued sick leave for the following reasons:

- Employee's treatment or diagnosis of illness, injury, or health condition, or preventative medical care.
- Care of employee's family members for treatment or diagnosis of illness, injury, or health condition, or preventative medical care.
- Meetings related to employee's child's health or disability.
- Absence necessary because of and related to domestic abuse, sexual assault, or stalking suffered by the employee or their family member.

**USE OF SICK LEAVE**  
Employees must grant use of earned sick leave upon the oral or written request of an employee or an individual acting on the employee's behalf. When possible, the request must include the expected duration of the absence. An employer may not condition an employee's taking earned sick leave on the employer searching for or finding a replacement worker to cover during the employee's absence. An employer may not require an employee to use other paid leave before the employee uses sick leave pursuant to the Act.  
The employer should notify the employer in advance when use of sick leave is foreseeable and make a reasonable effort to schedule the leave so it does not disrupt business operations. When use of sick leave is not foreseeable, the employer must notify the employer as soon as practicable.

**NOTICE**  
An employer must give written or electronic notice of employee rights and the Act's terms and provisions to an employee at the start of employment. This notice must be in English, Spanish, or any language that is the first language spoken by at least ten percent of the employer's workforce, as requested by the employee.

**REASONABLE DOCUMENTATION**  
An employer may require reasonable documentation verifying the sick leave was used for a covered purpose if the employee uses two or more consecutive workdays of sick leave. Employees must treat all information obtained related to an employee taking sick leave as confidential.

**DOCUMENTATION RETENTION**  
Employers must keep records documenting hours worked by employees and earned sick leave accrued and taken by employees for four years.

**RETALIATION PROHIBITED**  
Employees may not take or threaten an adverse action against an employee that is reasonably likely to deter employees from exercising or attempting to exercise their rights under the Act. Employers may not retaliate because an employee raises concerns about violations of the Act, exercises their rights under the Act, or participates in investigations or legal proceedings related to alleged violations of the Act. Examples of retaliation include the following: denying use or delaying payment of earned sick leave, termination, reducing work hours, giving the employee undesirable assignments or scheduling, threats, discipline, counting use of earned sick leave hours as an absence that may lead to any adverse action, or any other employment action considered less favorable.

**COMPLAINT PROCESS**  
The New Mexico Department of Workforce Solutions, Labor Relations Division, enforces the Act. Any employee aggrieved by a violation of the Act may file a complaint with the Labor Relations Division by calling (505) 841-4400, visiting [www.dws.state.nm.us](http://www.dws.state.nm.us), or going to a New Mexico Workforce Connections Office. Notice: The Division will disclose complainant's identity as part of the investigation. An employee's legal status for presence in the United States is not a defense to any action brought pursuant to the Act. Employees must file a complaint with the Division or file a civil action in a court within three years from the date the alleged violation occurred.  
An employer found to be in violation of the Act will be liable for damages and/or penalties pursuant to the Act.

For more details, see the full text of the law and regulations, available at [www.dws.state.nm.us](http://www.dws.state.nm.us)

REV. 03/2022

State of New Mexico Workers' Compensation Administration

## WORKERS' COMPENSATION ACT

### If You Are Injured At Work Si Se Lastima En El Trabajo

- Notice** — In most cases you must tell your employer about the accident within 15 days, using the Notice of Accident Form.
- You have the right to information and assistance from an information specialist known as an Ombudsman at the Workers' Compensation Administration.
- Claims information** — Contact your employer's Claims Representative (see box below).

- Aviso** — En la mayoría de los casos usted debe de avisarle a su empleador del accidente dentro de los primeros 15 días usando las formas de Aviso de Accidente.
- Usted tiene el derecho** a información y ayuda contactándose con un especialista en información conocido como "Ombudsman" en la Administración para la Compensación a los Trabajadores.
- Información acerca de Reclamaciones** — Contáctese con el representante de reclamaciones de su compañía.

#### Employer's Insurer / Claims Representative:

Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_

Note: Employer must fill in this insurer / claims representative information.

### YOUR RIGHTS

If you are injured in a work-related accident:

Your employer / insurer must pay all reasonable and necessary medical costs.

You may or may not have the right to choose your health care provider. If your employer / insurer has not given you written instructions about who chooses first, call an ombudsman. In an emergency, get emergency medical care first.

If you are off work for more than seven days, your employer / insurer must pay wage benefits to partially offset your lost wages.

If you suffer "permanent impairment," you may have the right to receive partial wage benefits for a longer period of time.

### SUS DERECHOS

Si se lastima en el trabajo:

Su empleador / asegurador debe de pagar por los gastos médicos necesarios y razonables.

Es posible que usted tenga, o no tenga, el derecho de escoger el proveedor de servicios para la salud. Si su empleador / asegurador no le ha dado instrucciones por escrito de quien es él que selecciona primero, pregúntele o llame a un ombudsman. En una emergencia, obtenga asistencia médica de emergencia primero.

Si usted está fuera del trabajo por más de siete días, su empleador / asegurador debe de hacerle un pago compensatorio de prestaciones para compensar parcialmente la pérdida de su salario.

Si usted sufre "daño permanente," usted puede tener el derecho a recibir prestaciones parciales de salario por un periodo de tiempo más largo.

Ombudsmen are located at the following offices:

Albuquerque: 1-866-967-5667  
Farmington: 1-800-568-7310  
Hobbs: 1-800-934-2450  
Las Cruces: 1-800-870-6826  
Las Vegas: 1-800-281-7889  
Roswell: 1-866-311-8587  
Santa Fe: 1-505-841-6000  
1-505-599-9746  
1-575-397-3425  
1-575-524-6246  
1-505-454-9251  
1-575-623-3997

## If You Need HELP Call:

Ask for an Ombudsman

## Si Usted Necesita Ayuda Llame Al:

Pregunte por un Ombudsman

**1-866-WORKOMP (1-866-967-5667)**

Visit our website at: <https://workerscomp.nm.gov>

For FREE copies of this poster and Notice of Accident Forms call: 1-866-967-5667

**USE A NOTICE OF ACCIDENT FORM TO REPORT YOUR ACCIDENT TO YOUR SUPERVISOR**

**EMPLOYER: You are required by law to display this poster where your employees can read it. Post the Notice of Accident forms with it. The poster without the Notice of Accident forms does not comply with law. You have other rights and duties under the law.**

Rev. 11/18

POST FORMS HERE

New Mexico Workers' Compensation Administration  
2410 Centre Avenue, Albuquerque, New Mexico 87106  
P.O. Box 27198, Albuquerque, New Mexico 87125-7198

# NOTICE ON HUMAN TRAFFICKING

**IF YOU OR SOMEONE YOU KNOW IS A VICTIM OF THIS CRIME, CONTACT THE FOLLOWING:**

**IN NEW MEXICO, CALL OR TEXT**  
**505-GET-FREE (505-438-3733)**

**OR CALL THE NATIONAL HUMAN TRAFFICKING RESOURCE CENTER**  
**HOTLINE TOLL-FREE AT**  
**1-888-373-7888 FOR HELP**

**YOU MAY ALSO SEND THE TEXT**  
**"HELP" OR "INFO" TO BEFREE ("233733")**

**YOU MAY REMAIN ANONYMOUS, AND YOUR CALL OR TEXT IS CONFIDENTIAL**

## 505-GET-FREE (505-438-3733)

**OBTAINING FORCED LABOR OR SERVICES IS A CRIME UNDER NEW MEXICO AND FEDERAL LAW**



Department of Workforce Solutions

**DISCRIMINATION**  
**is against the law.**

If you feel that you have been discriminated against, visit our website or contact us.

**Human Rights Bureau**

1596 Pacheco Street, Santa Fe, NM 87505  
**Office: (505) 827-6838**  
**Toll-free: (800) 566-9471**  
**Fax: (505) 827-6878**

**NEW MEXICO HUMAN RIGHTS ACT**

The Human Rights Bureau enforces the provisions of the Human Rights Act of 1969. Additionally, the Human Rights Bureau has a work-sharing agreement with the Equal Employment Opportunity Commission (EEOC) to enforce the provisions of federal law under Title VII of the Civil Rights Act of 1964, the Age Discrimination in Employment Act of 1967 (ADEA), and the Americans with Disabilities Act of 1990 (ADA), all as amended. Prohibited discriminatory bases include:

- Race
- Age
- Sexual Orientation
- Color
- Religion
- Gender Identity
- National Origin
- Physical or Mental Disability or Serious Medical Condition
- Spousal Affiliation
- Ancestry
- Pregnancy, Childbirth, or Related Condition
- Sex

**DISCRIMINACIÓN**  
**es contra la ley.**

Si siente que ha sido discriminado, visite nuestra página por Internet o póngase en contacto con nosotros.

**Buró de Derechos Humanos**

1596 Pacheco Street, Santa Fe, NM 87505  
**Oficina: (505) 827-6838**  
**Línea Gratuita: (800) 566-9471**  
**Fax: (505) 827-6878**

**LA LEY DE DERECHOS HUMANOS DE NUEVO MÉXICO**

El Buró de Derechos Humanos impone las provisiones de la Ley de Derechos Humanos de 1969. Adicionalmente, el Buró de Derechos Humanos tiene un acuerdo de reparto de trabajo con la Comisión de Igualdad de Oportunidades en el Empleo (Equal Employment Opportunity Commission, EEOC) para hacer cumplir las provisiones de la ley federal bajo el Título VII de la Ley de Derechos Civiles de 1964 (Civil Rights Act), la Ley de Discriminación por Edad en el Empleo de 1967 (Age Discrimination in Employment Act, ADEA), y la Ley de Americanos con Discapacidades de 1990 (Americans with Disabilities Act, ADA), todas según enmendadas. Las bases discriminatorias prohibidas incluyen:

- Raza
- Edad
- Orientación Sexual
- Color
- Religión
- Identificación de Género
- Origen Nacional
- Discapacidad Mental o Física o Condiciones Médicas Graves
- Afilación Nupcial
- Ascendencia
- Embarazo, Parto, o Condición Relacionada
- Sexo

REV. 7/2020

**NOTICE:** Employers must contact their local unemployment office or the state agency responsible for unemployment compensation to receive the of-ficial Unemployment Insurance posting. Employees should contact their local unemployment office for information on how to claim unemployment benefits.

**THIS NOTICE IS FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT FULFILL THIS STATE'S UNEMPLOYMENT INSURANCE POSTING REQUIREMENT.**

**NOTICE:** The State of New Mexico requires employers to post Notice of Accident forms with the Workers' Compensation Act posting. The forms can be hung at the bottom of the poster, where indicated. For copies of the forms, contact the Workers' Compensation Administration at 505-841-6000 or 1-800-255-7965 or email [wca.hotline@state.nm.us](mailto:wca.hotline@state.nm.us).

**THIS NOTICE IS FOR INFORMATIONAL PURPOSES ONLY.**

**TWO ways to verify poster compliance!**

**QR CODE** Scan with phone camera:   
**OR**  
**ONLINE** Go to: [JKeller.com/LPVerify](http://JKeller.com/LPVerify)  
Enter this code: 62874-012023

To update your labor law posters contact  
J. J. Keller & Associates, Inc.  
**JKeller.com/laborlaw**  
**800-327-6868**

**J. J. Keller**  
& Associates, Inc.  
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