

ATTENTION ALL EMPLOYEES

TIME ALLOWED EMPLOYEES TO VOTE ON ELECTION DAY

N.Y. ELECTION LAW SECTION 3-110¹ STATES THAT:

- IF YOU DO NOT HAVE 4 CONSECUTIVE HOURS TO VOTE, EITHER FROM THE OPENING OF THE POLLS TO THE BEGINNING OF YOUR WORKING SHIFT, OR BETWEEN THE END OF YOUR WORKING SHIFT AND THE CLOSING OF THE POLLS, YOU MAY TAKE OFF UP TO 2 HOURS, WITHOUT LOSS OF PAY, TO ALLOW YOU TIME TO VOTE IF YOU ARE A REGISTERED VOTER.
- YOU MAY TAKE TIME OFF AT THE BEGINNING OR END OF YOUR WORKING SHIFT, AS YOUR EMPLOYER MAY DESIGNATE, UNLESS OTHERWISE MUTUALLY AGREED.
- YOU MUST NOTIFY YOUR EMPLOYER NOT LESS THAN 2 DAYS, BUT NOT MORE THAN 10 DAYS, BEFORE THE DAY OF THE ELECTION THAT YOU WILL TAKE TIME OFF TO VOTE.

¹ Employers: Not less than ten working days before any Election Day, every employer shall post conspicuously in the place of work where it can be seen as employees come or go to their place of work, a notice setting forth the provisions of this law. Such notice shall be kept posted until the close of the polls on Election Day.

Revised 4.14.2020

PRINT

NOTICE REQUIREMENTS FOR FRINGE BENEFITS AND HOURS

Section 195.5 of the New York State Labor Law effective December 12, 1981 provides as follows: "Every employer shall notify his employees in writing or by publicly posting the employer's policy on sick leave, vacation, personal leave, holidays and hours."

For written information on your employer's policy on sick leave, vacation, personal leave, holidays and hours can be obtained at:
(Please advise employees where they may obtain written information on fringe benefits and hours.)

<hr/> <hr/> <hr/>

PRINT

NEW YORK STATE
DEPARTMENT OF LABOR

UNEMPLOYMENT INSURANCE
DIVISION

NOTICE TO EMPLOYEES

EMPLOYER REGISTRATION NUMBER

EMPLOYEES OF THIS FIRM ARE COVERED BY THE NEW YORK STATE UNEMPLOYMENT INSURANCE LAW.

NO DEDUCTIONS FROM WAGES MAY BE MADE FOR THIS PURPOSE.

IF YOU ARE LAID OFF, WORK LESS THAN FOUR DAYS A WEEK, OR RESIGN, GET A "RECORD OF EMPLOYMENT" FORM FROM YOUR EMPLOYER. KEEP THIS FORM.

RECORD OF EMPLOYMENT FORMS REQUIRED BY REGULATION WILL CONTAIN YOUR EMPLOYER'S NAME, REGISTRATION NUMBER AND ADDRESS WHERE PAYROLL RECORDS ARE KEPT.

IF YOU WISH TO FILE AN APPLICATION FOR UNEMPLOYMENT INSURANCE

CONTACT THE NEAREST DEPARTMENT OF LABOR OFFICE THAT PROVIDES UNEMPLOYMENT INSURANCE SERVICES, REGISTER FOR WORK AND FILE FOR BENEFITS. (SEE DEPARTMENT OF LABOR, UNEMPLOYMENT INSURANCE DIVISION, IN THE STATE OFFICES SECTION OF YOUR LOCAL TELEPHONE DIRECTORY.)

James J. McGowan

JAMES J. MCGOWAN

COMMISSIONER OF LABOR

Thomas L. Malone

THOMAS L. MALONE, DIRECTOR

UNEMPLOYMENT INSURANCE DIVISION

TO EMPLOYER: POST CONSPICUOUSLY IN EACH WORKPLACE.

LA 133

©2000 G. Neil | a CENTIS™ Company
720 International Parkway, Sunrise, FL 33325
Call 800-999-9111 or visit www.HROne.com to register Unemployment Insurance (Laminated) #R0-ENV2F (Non-Laminated) #R0-ENV1F

N.Y.S. DEPARTMENT OF LABOR
LIABILITY AND DETERMINATION SECTION
HARRIMAN STATE OFFICE CAMPUS
ALBANY, NY 12240