# Minimun Wage Poster

## Attention Miscellaneous Industry Employees

Minimum Wage hourly rates effective 12/31/2018 – 12/30/2019

<table>
<thead>
<tr>
<th>New York City</th>
<th>Long Island and Westchester County</th>
<th>Remainder of New York State</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Large Employers (11 or more employees)</strong></td>
<td><strong>Minimum Wage</strong></td>
<td><strong>Minimum Wage</strong></td>
</tr>
<tr>
<td></td>
<td>$15.00</td>
<td>$12.00</td>
</tr>
<tr>
<td></td>
<td>Overtime after 40 hours $22.50</td>
<td>Overtime after 40 hours $18.00</td>
</tr>
<tr>
<td><strong>Tipped workers</strong></td>
<td>At least $11.35 or $12.75</td>
<td>At least $9.05 or $10.20</td>
</tr>
<tr>
<td></td>
<td>Overtime after 40 hours $18.85 or $20.25</td>
<td>Overtime after 40 hours $15.05 or $16.20</td>
</tr>
<tr>
<td><strong>Small Employers (10 or less employees)</strong></td>
<td><strong>Minimum Wage</strong></td>
<td><strong>Minimum Wage</strong></td>
</tr>
<tr>
<td></td>
<td>$13.50</td>
<td>$11.10</td>
</tr>
<tr>
<td></td>
<td>Overtime after 40 hours $20.25</td>
<td>Overtime after 40 hours $16.65</td>
</tr>
<tr>
<td><strong>Tipped workers</strong></td>
<td>At least $10.20 or $11.45</td>
<td>At least $8.40 or $9.45</td>
</tr>
<tr>
<td></td>
<td>Overtime after 40 hours $16.95 or $18.20</td>
<td>Overtime after 40 hours $13.95 or $15.00</td>
</tr>
</tbody>
</table>

If you have questions, need more information or want to file a complaint, please visit www.labor.ny.gov/minimumwage or call: 1-888-469-7365.

### Credits and Allowances

Credits and Allowances that may reduce your pay below the minimum wage rates shown above:

- **Tips** – Your employer may use a limited amount of your tips to reduce your wages. This is called a tip credit. Your employer may take a tip credit only if your tips plus wages add up to at least the minimum wage. They must still pay you at least the tipped wage rates shown above.
- **Meals and lodging** – Your employer may claim a limited amount of your wages for meals and lodging that they provide to you, as long as they do not charge you anything else. The rates and requirements are set forth in wage orders and summaries, which are available online.

### Extra Pay

Extra Pay you may be owed in addition to the minimum wage rates shown above:

- **Overtime** – You must be paid 1½ times your regular rate of pay (no less than amounts shown above) for weekly hours over 40 (or 44 for residential employees).
  
  Exceptions: Overtime is not required for salaried professionals, or for executives and administrative staff whose weekly salary is more than 75 times the minimum wage rate.

- **Call-in pay** – If you go to work as scheduled and your employer sends you home early, you may be entitled to extra hours of pay at the minimum wage rate for that day.

- **Spread of hours** – If your workday lasts longer than ten hours, you may be entitled to extra daily pay. The daily rate is equal to one hour of pay at the minimum wage rate.

- **Uniform maintenance** – If you clean your own uniform, you may be entitled to additional weekly pay. The weekly rates are available online.
New York State Department of Labor

Unemployment Insurance Division

Notice to Employees
Employer Registration Number

1-71 ER# 04-51133 6
CORNELL UNIVERSITY
377 PINE TREE RD
ITHACA NY 14850-2820

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 and keep a copy for your files.

Record of Employment forms must have your employer's name, registration number and address where payroll records are kept.

If you want to file an application for Unemployment Insurance:

Call the Telephone Claims Center at 1-888-209-8124 (translation services are available) or go to our website at www.labor.ny.gov.

Hearing impaired individuals who have Telephone Device for the Deaf (TTY/TDD) equipment may file a claim by calling a relay operator at 1-800-662-1220 and requesting the operator call 1-888-783-1370. Service at this number is only provided to callers using TTY/TDD equipment.

M. Patricia Smith
Commissioner

Richard Marino
Unemployment Insurance Director

To Employer: Post conspicuously in each workplace. For additional posters, write to: NYS Department of Labor
Liability and Determination Section
State Office Campus
Albany, NY 12240

IA 133 (12/08)
The NYS Department of Labor is an Equal Opportunity Employer/Program. Auxiliary aids and services are available upon request to individuals with disabilities.
STATE OF NEW YORK - WORKERS' COMPENSATION BOARD  
ESTADO DE NUEVA YORK - JUNTA DE COMPENSACIÓN OBRERA

NOTICE OF COMPLIANCE

TO EMPLOYEES

IMPORTANT INFORMATION FOR EMPLOYEES WHO ARE INJURED OR SUFFER AN OCCUPATIONAL DISEASE WHILE WORKING.

1. By posting this notice and information concerning your rights as an injured worker, your employer is in compliance with the Workers' Compensation Law.
2. If you do not notify your employer within 30 days of the date of your injury your claim may be disallowed, so do so immediately.
3. You are entitled to obtain any necessary medical treatment and should do so immediately.
4. You may choose any doctor, podiatrist, chiropractor or psychologist referred by a medical doctor that accepts NY State Workers' Compensation patients and is Board authorized. However, if your employer is involved in a certified preferred provider organization (PPO) you must first be treated by a provider chosen by your employer and your employer must give you a written statement of your rights concerning further medical care.
5. You should tell your doctor to file copies of medical reports concerning your claim with the Workers' Compensation Board and with your employer's insurance company, which is indicated at the bottom of this form.
6. You may be entitled to lost time benefits if your work-related injury keeps you from work for more than seven days, compels you to work at lower wages or results in permanent disability to any part of your body. You may be entitled to rehabilitation services if you need help returning to work.
7. You should not pay any medical providers directly. They should send their bills to your employer's insurance carrier. If there is a dispute, the provider must wait until the Board makes a decision before it attempts to collect payment from you. If you do not pursue your claim or the Board rules that your injury is not work-related, you may be responsible for the payment of the bills.
8. You are entitled to be represented by an attorney or licensed representative, but it is not required. If you do hire a representative do not pay him/her directly. Any fee will be set by the Board and will be deducted from your award.
9. If you have difficulty in obtaining a claim form or need help in filling it out, or if you have any other questions or problems about a job-related injury, contact any office of the Workers' Compensation Board.

NYS Workers' Compensation Board  
Centralized Mailing  
PO Box 5205  
Binghamton, NY 13902-5205

Customer Service Line: 877-632-4996

Workers' Compensation benefits, when due, will be paid by (Los beneficios de Compensación Obrera, cuando debidos, serán pagados por):

Policy in Force from .........................................to ...............................................

Ithaca Medical Leaves Administration  
Cornell University

Name of employer (Nombre del patrono)

CORNELL UNIVERSITY

THIS NOTICE MUST BE POSTED CONSPICUOUSLY IN AND ABOUT THE EMPLOYER'S PLACE OR PLACES OF BUSINESS.

Failure by an employer to post this notice in and about the employer's place or places of business may result in a $250 penalty for each violation.

Name, address and telephone number of licensed insurance carrier, authorized group self-insurer or main office of authorized self-insurer

C-105 (1-11)  
Workers' Compensation Board

Prescribed of by Chairman  
New York State

www.wcb.ny.gov
**Disability Benefits For Employees**

1. If you are unable to work because of an illness or injury, not work-related, you may be entitled to receive weekly benefits from your employer, his or her insurance carrier, or from the Special Fund for Disability Benefits.

2. To claim benefits you must file a claim form within 30 days from the first date of your disability, but in no event more than 26 weeks from such date.

3. Complete claim form DB-450 (Notice and Proof of Claim for Disability Benefits)
   You may obtain the form from your employer, his or her insurance carrier, your health provider, any Unemployment Insurance Office, the Workers’ Compensation Board’s website (www.wcb.ny.gov) or any office of the Board.
   
   **IMPORTANT:** Before filing your claim, your health provider must complete the "Health Care Provider’s Statement" on the form showing your period of disability.
   - If you are employed, or have been unemployed for four weeks or less when your disability begins, send the completed form to your employer or the insurance carrier named below.
   - If you have been unemployed more than four weeks when your disability begins, send the completed form to the Workers’ Compensation Board, Disability Benefits Bureau, 328 State Street, Schenectady, New York 12305.

4. You are entitled to be treated by any physician, chiropractor, dentist, nurse-midwife, podiatrist or psychologist of your choice. However, unlike workers’ compensation, your medical bills will not be paid unless your employer and/or union provide for the payment of such bills under a Disability Benefits Plan or Agreement.

5. If you are ill or injured during the time you are receiving Unemployment Insurance Benefits, file a claim for Disability Benefits as soon as you sustain the injury or illness, by following the instructions outlined above.

6. If you are out of work in excess of seven days, your employer is required to send you a Disability Benefits Statement of Rights (Form DB-271S).

7. You may not take disability benefits at the same time as paid family leave benefits. The total amount of disability and paid family leave in a 52 week period cannot exceed 26 weeks.

8. Other information about disability benefits may be obtained by writing or calling the Workers’ Compensation Board.

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**Cornell University**

**Medical Leaves Administration**

395 Pine Tree Road, Suite 102

Ithaca, NY 14850

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**Policy #:** self-insured  
**Effective From:** 2/28/1961  
**To:** until revoked

- [ ] Statutory  
- [ ] Under a Plan or Agreement

**Class(es) of Employees Covered:**

- Non-academic employees

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**NYS Workers’ Compensation Board**

**Customer Service:** (877) 632-4996

www.wcb.ny.gov

**PRESCRIBED BY THE CHAIR, WORKERS’ COMPENSATION BOARD**

THIS NOTICE MUST BE POSTED CONSPICUOUSLY IN AND ABOUT THE EMPLOYER’S PLACE OR PLACES OF BUSINESS.

Employers must post DB-120 so that all classes of their employees know who will pay their benefits.

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DB-120 (11-17)  
THE WORKERS’ COMPENSATION BOARD EMPLOYS AND SERVES PEOPLE WITH DISABILITIES WITHOUT DISCRIMINATION
DECLARACION DE DERECHOS - LEY DE BENEFICIOS POR INCAPACIDAD

SI USTED NO PUEDE TRABAJAR A CAUSA DE ENFERMEDAD O LESION NO RELACIONADA CON EL TRABAJO PUDE TENER DERECHO A BENEFICIOS POR INCAPACIDAD

1. Su patrono está obligado por ley a proveer pagos de Beneficios por Incapacidad a sus empleados.

2. Beneficios por Incapacidad establecidos por ley son pagados por cualquier lesión o enfermedad no relacionada con el trabajo (incluyendo incapacidad debido a embarazo) comenzando a partir del octavo día consecutivo de incapacidad. Los beneficios son pagados por 26 semanas. Los pagos de beneficios por incapacidad se basan en el promedio de su sueldo semanal durante las ocho semanas inmediatamente anteriores a su incapacidad y están limitados al máximo permitido por ley el día inicial de su incapacidad. Su patrono o unión podrán proveer en un plan o en un convenio beneficios diferentes que sean al menos tan favorables como los establecidos por ley.

3. PARA RECLAMAR BENEFICIOS usted deberá radicar una notificación y prueba de incapacidad (Formulario DB450) con su patrono ó con la compañía de seguros nombrada abajo dentro del plazo de 30 días desde el primer día de incapacidad o toda parte de su reclamación podrá ser rechazada. Bajo ninguna circunstancia usted debe esperar más de 26 semanas desde esa fecha para radicar su reclamación. El formulario DB-450 lo puede conseguir a través de su patrono, la compañía de seguros, o el proveedor de servicios médicos o cualquier oficina de la Junta de Compensación Obrera. (Direcciones y teléfonos más abajo). No asuma que su patrono ha radicado la reclamación por usted. La radicación de la reclamación es su responsabilidad.

4. Usted tiene el derecho de ser atendido por cualquier médico, quiópRACTico, dentista, enfermera-partera, podista, o psicólogo que usted seleccione. Contrario a como ocurre en compensación obrera sus cuentas médicas no serán pagadas por su patrono o su compañía de seguros a menos que el patrono o la unión lo hayan dispuesto mediante un plan de beneficios o convenio.

5. Los beneficios por incapacidad le serán pagados a usted directamente por la compañía de seguros, no a través de su patrono, salvo en los casos en que su patrono sea aprobado como auto asegurado.

6. Si su patrono ó la compañía de seguros reclama que usted no tiene derecho al pago de Beneficios por Incapacidad ellos tienen la obligación de enviarle un Aviso de Rechazo, dentro de los 45 días siguientes a la radicación de su reclamación, explicando las razones para no pagar los beneficios. Si usted no está de acuerdo con el rechazo, tiene el derecho de solicitar una revisión del mismo por la Junta de Compensación Obrera. **IMPORTANTE:** Si dentro del término de 45 días de haber radicado su reclamación no recibe los beneficios ni tampoco recibe un Aviso de Rechazo (Formulario DB-451) comuniquese inmediatamente con cualquier oficina de la Junta de Compensación Obrera.

7. Si su incapacidad es el resultado de un accidente automovilístico y usted ha radicado un reclamo para beneficios por "no-fault" también deberá radicar una reclamación (Formulario DB-450) para beneficios por incapacidad. Si no radica reclamación para beneficios por incapacidad, la compañía de seguro podrá reducir los pagos "no fault" que le correspondan. **IMPORTANTE:** en estos casos, si no tiene derecho a beneficios por incapacidad, avise inmediatamente a la compañía de seguros.

8. Su patrono no puede pedirle que renuncie a su derecho de recibir beneficios por incapacidad ni tampoco puede descontar más de 80 centavos semanales (a menos que la contribución adicional sea parte de un acuerdo) de su pago para contribuir al pago de las primas de seguro para los beneficios por incapacidad. Usted no puede ser despedido ni discriminado por radicar una reclamación de beneficios por incapacidad.

SI TIENE DIFICULTAD EN CONSEGUIR UN FORMULARIO DE RECLAMACIÓN O NECESITA AYUDA PARA LLÉNARLO, O TIENE CUALQUIER OTRO PROBLEMA ACERCA DE UNA LESIÓN O ENFERMEDAD NO RELACIONADA CON EL TRABAJO COMUNÍQUESE CON CUALQUIER OFICINA DE LA JUNTA DE COMPENSACIÓN OBRERA.

Esta es un breve resumen de sus derechos como lo requiere la Sección 229 de la Ley de Beneficios por incapacidad. La compañía de seguro de su patrono para beneficios por incapacidad es:

Cornell University
Medical Leaves Administration
395 Pine Trees Road, Suite 102
Ithaca, New York 14850

NYS Workers’ Compensation Board, Centralized Mailing, PO Box 5205, Binghamton, NY 13902-5205

Customer Service Toll-Free Line: 877-632-4996

ESTA ENTIDAD EMPLEA Y SERVE A PERSONAS CON IMPEDIMENTOS SIN DISCRIMINAR EN SU CONTRA.

THIS NOTICE IS WRITTEN IN ENGLISH ON THE REVERSE SIDE.

www.wcb.ny.gov
Paid Family Leave is insurance that provides job protected paid time off to:

- **Bond** with a newly born, adopted, or fostered child
- **Care** for a family member with a serious health condition
- **Assist** loved ones when a family member is deployed abroad on active military service

How to File:

- **Notify** your employer at least 30 days in advance, if foreseeable, or as soon as possible
- **Submit** the Request for Paid Family Leave form to your employer
- **Complete** and attach the additional documentation as instructed on the request form and submit to the insurance carrier listed below

Employers should NEVER discriminate or retaliate against anyone who requests or takes Paid Family Leave

FOR MORE INFORMATION AND HELP:
Visit ny.gov/PaidFamilyLeave
or call (844) 337-6303

You can get forms to take Paid Family Leave from:
- Your employer,
- The insurance carrier below, or
- ny.gov/PaidFamilyLeave

INSURE NAME, ADDRESS, AND TELEPHONE NUMBER OF INSURER OR MAIN OFFICE OF AUTHORIZED NEW YORK SELF-INSURER
Cornell University, Medical Leaves Administration, 395 Pine Tree Road Suite 102, Ithaca NY 14850

Policy #: self-insured Effecitve From: 1/1/2018 To: until revoked

Statutory ☐ Under a Plan or Agreement

Class(es) of Employees Covered:
Non-academic employees

NOTICE OF COMPLIANCE
PRESCRIBED BY THE CHAIR, WORKERS’ COMPENSATION BOARD
THIS NOTICE MUST BE POSTED CONSPICUOUSLY IN AND ABOUT THE EMPLOYER’S PLACE OR PLACES OF BUSINESS.

PFL-120 (11-17)
DISCRIMINATION BASED UPON AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEXUAL ORIENTATION, MILITARY STATUS, SEX, PREGNANCY, GENDER IDENTITY, DISABILITY OR MARITAL STATUS IS PROHIBITED BY THE NEW YORK STATE HUMAN RIGHTS LAW, SEXUAL HARASSMENT OR HARASSMENT BASED UPON ANY OF THESE PROTECTED CLASSES ALSO IS PROHIBITED.

EMPLOYMENT, BY EMPLOYERS OF FOUR OR MORE PEOPLE, EMPLOYMENT AGENCIES, LABOR ORGANIZATIONS AND APPRENTICESHIP TRAINING PROGRAMS

Also prohibited: discrimination in employment on the basis of Sabbat observance or religious practices; prior arrest or conviction record; predisposing genetic characteristics; familial status; pregnancy-related conditions; domestic violence victim status.

Reasonable accommodations for persons with disabilities and pregnancy-related conditions may be required. A reasonable accommodation is an adjustment to a job or work environment that enables a person with a disability to perform the essential functions of a job in a reasonable manner.

Also covered: Employers with fewer than four employees, in all cases of sex harassment and, for domestic workers, all cases of sex harassment or harassment based on gender, race, religion or national origin.

RENTAL, LEASE OR SALE OF HOUSING, LAND AND COMMERCIAL SPACE

Does not apply to:
(1) rental of an apartment in an owner-occupied two-family house
(2) restrictions of all rooms in a housing accommodation to individuals of the same sex
(3) rental of a room by the occupant of a house or apartment
(4) sale, rental, or lease of accommodations of housing exclusively to persons 55 years of age or older, and the spouse of such persons

Also prohibited: discrimination in housing on the basis of familial status (e.g. families with children)

Reasonable accommodations and modifications for persons with disabilities may also be required.

ACTIVITIES OF REAL ESTATE BROKERS AND SALES PEOPLE

Also prohibited: commercial boycotts and blacklistng.

PLACES OF PUBLIC ACCOMMODATION, RESORT OR AMUSEMENT SUCH AS RESTAURANTS, HOTELS, HOSPITALS, CLUBS AND MEDICAL OFFICES

Exception: Age is not a covered classification relative to public accommodations.

Reasonable accommodations for persons with disabilities may also be required.

ADVERTISING AND APPLICATIONS RELATING TO EMPLOYMENT, REAL ESTATE, PLACES OF PUBLIC ACCOMMODATION AND CREDIT TRANSACTIONS

EDUCATIONAL INSTITUTIONS: NON-SECTARIAN, TAX EXEMPT, PRIVATE

ALL CREDIT TRANSACTIONS INCLUDING FINANCING FOR PURCHASE, MAINTENANCE AND REPAIR OF HOUSING

If you wish to file a formal complaint with the Division of Human Rights, your must do so within one year after the discrimination occurred. The Division's services are provided free of charge.

If you wish to file a complaint in State Court, you may do so within three years of the discrimination. You may not file both with the Division and the State Court.

Retaliation for filing a complaint or opposing discriminatory practices is prohibited. You may file a complaint with the Division if you have been retaliated against.

FOR FURTHER INFORMATION, WRITE OR CALL THE DIVISION'S NEAREST OFFICE. HEADQUARTERS: ONE FORDHAM PLAZA, 4TH FLOOR, BRONX, NY 10458

1-888-392-3644
WWW.DHR.NY.GOV

DISCRIMINACIÓN PROHIBIDA POR EDAD, RAZA, CREDO, COLOR, ORIGEN NACIONAL, ORIENTACIÓN SEXUAL, ESTATU MILITAR, SEXO, EMBARAZO, IDENTIDAD DE GÉnero, DISCAPACIDAD O ESTADO CIVIL. TAMBIÉN ESTÁ PROHIBIDO EL ACOSO SEXUAL O EL ACOSO POR CUALQUIERA DE ESTAS CLASES PROTEGIDAS.

LA LEY DE DERECHOS HUMANOS DEL ESTADO DE NUEVA YORK PROHIBE LA DISCRIMINACIÓN POR EDAD, RAZA, CREDO, COLOR, ORIGEN NACIONAL, ORIENTACIÓN SEXUAL, ESTATU MILITAR, SEXO, EMBARAZO, IDENTIDAD DE GÉnero, DISCAPACIDAD O ESTADO CIVIL. TAMBIÉN ESTÁ PROHIBIDO EL ACOSO SEXUAL O EL ACOSO POR CUALQUIERA DE ESTAS CLASES PROTEGIDAS.

EMPEO, POR EMPLEADORES DE CUATRO O MÁS PERSONAS, AGENCIAS DE EMPLEO, ORGANIZACIONES DE TRABAJO Y PROGRAMAS DE CAPACITACIÓN DE APRENDICES

Asimismo, está prohibida la discriminación en el empleo sobre la base de la observancia del Shabat o prácticas religiosas; arresto previo o antecedentes penales; las características genéticas predispensentes; el estado civil; las condiciones relacionadas con el embarazo.

Es posible que se necesite hacer acordados razonables para personas con discapacidades y condiciones relacionadas con el embarazo. Un arreglo razonable es una adaptación a un trabajo o entorno laboral que permita que una persona con discapacidad realice las tareas esenciales de un trabajo de manera razonable.

Empleadores con menos de cuatro empleados en casos de acoso sexual, o para trabajadores domésticos, casos de acoso sexual, o casos de acoso por género, raza, religión o origen nacional.

ALQUILER, ARRENDAMIENTO O VENTA DE VIVIENDA, TERRENO O ESPACIO COMERCIAL

Excepciones:
(1) alquiler de un apartamento en una casa para dos familias ocupada por el dueño
(2) restricciones de todas las habitaciones en una vivienda para individuos del mismo sexo
(3) alquiler de una habitación por parte del ocupante de una casa o apartamento
(4) venta, alquiler o arrendamiento de alojamiento en una casa exclusivamente a personas mayores de 55 años y al cónyuge de dichas personas

También se prohíbe: discriminación en vivienda sobre la base del estado civil (por ejemplo, familias con hijos).

También es posible que sea necesario realizar modificaciones y arreglos razonables para personas con discapacidades.

ACTIVIDADES DE CORREDORES INMOBILIARIOS Y VENDEDORES

También se prohíbe: el acoso inmobiliario y los boicots comerciales.

LUGARES DE ALOJAMIENTO PÚBLICO, CENTRO TURÍSTICO O AMENAZAMIENTO TAL COMO RESTAURANTES, HOTELES, HOSPITALS, CLUBS Y CONSULTORIOS MÉDICOS

Excepción: La edad no es una clasificación cubierta respecto a los alojamientos públicos. Es posible que sea necesario realizar arreglos razonables para personas con discapacidades.

PUBLICIDAD Y SOLICITUDES RELACIONADAS CON EL EMPLEO, LOS INMUEBLES, LOS LUGARES DE ALOJAMIENTO PÚBLICO Y LAS TRANSACCIONES CREDITICIAS

INSTITUCIONES EDUCATIVAS: NO SECTARIAS, EXENTAS DE IMPUESTOS, PRIVADAS

TODAS LAS TRANSACCIONES CREDITICIAS, INCLUYENDO EL FINANCIAMIENTO PARA LA COMPRA, EL MANTENIMIENTO Y LA REPARACIÓN DE VIVIENDAS

Si desea presentar una demanda formal ante la División de Derechos Humanos, debe hacerlo dentro de un año desde que ocurra la discriminación. Los servicios de la División se ofrecen sin cargo.

Si desea presentar una demanda ante el Tribunal Estatal, puede hacerlo dentro de los tres años desde que ocurriera la discriminación. No puede presentar una demanda ante la División y ante el Tribunal Estatal.

Se prohíben las represalias por presentar una demanda u oponerse a prácticas discriminatorias. Puede presentar una demanda ante la División si sufrió represalias.

PARA OBTENER MÁS INFORMACIÓN, ESCRIBA O LLAME A LA OFICINA MÁS CERCA DEL DE LA DIVISIÓN, OFICINA CENTRAL: ONE FORDHAM PLAZA, 4TH FLOOR, BRONX, NY 10458
NEW YORK CORRECTION LAW
ARTICLE 23-A
LICENSURE AND EMPLOYMENT OF PERSONS PREVIOUSLY
CONVICTED OF ONE OR MORE CRIMINAL OFFENSES

Section 750. Definitions.

751. Applicability.

752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.

753. Factors to be considered concerning a previous criminal conviction; presumption.

754. Written statement upon denial of license or employment.

755. Enforcement.

§ 750. Definitions. For the purposes of this article, the following terms shall have the following meanings:

(1) "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission.

(2) "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.

(3) "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question.

(4) "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.

(5) "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purposes of this article, include membership in any law enforcement agency.
§751. **Applicability.** The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.
§752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited. No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable, shall be denied or acted upon adversely by reason of the individual's having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of "good moral character" when such finding is based upon the fact that the individual has previously been convicted of one or more criminal offenses, unless:

(1) There is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or

(2) the issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.
§753. Factors to be considered concerning a previous criminal conviction; presumption. 1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:

   (a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.

   (b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.

   (c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.

   (d) The time which has elapsed since the occurrence of the criminal offense or offenses.

   (e) The age of the person at the time of occurrence of the criminal offense or offenses.

   (f) The seriousness of the offense or offenses.

   (g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.

   (h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.

2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

§754. Written statement upon denial of license or employment. At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

§755. Enforcement. 1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules.

2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.
New York State Election Law for Employees Regarding Statewide Elections

New York State Law (NYSEL 3-110)

If you do not have sufficient time outside your working hours to vote, you may take off up to two (2) hours at the beginning or end of your shift, with pay, to allow you time to vote.

Sufficient time is defined as four consecutive hours either between the opening of the polls and the beginning of the working shift OR between the end of the working shift and the closing of the polls.

You must notify your employer no more than 10 or not fewer than 2 days before the day of the election that you will take that time.

La Ley del Estado de Neuva York (NYSEL 3-100)

Si no dispone usted de tiempo suficiente para votar fuera de sus horas laborales, puede tomarse un máximo de dos horas con sueldo al principio o al final de su turno de manera que tenga tiempo de votar.

La definicion de tiempo suficiente es cuatro horas consecutivas ya sea entre el momento en que abren los colegios electorales y el comienzo de su turno de trabajo, O entre el final de su turno de trabajo y el cierre de los colegios electorales.

Debe notificar a su centro de trabajo ni mas de diaz ni menos de dos dias antes del dia de las elecciones de su intencion de tomarse ese tiempo.

This poster must be posted during the 10 days before each statewide election.
CORNELL UNIVERSITY POLICY: VOTING TIME
(Reference: University Policy 6.9, Time Away from Work)

All staff members who are registered to vote may take time away from work with pay to vote if polling places are not open four consecutive hours before or after the employees' scheduled work day.

Instructions:

1. Employees must advise their department supervisors at least 24 hours in advance that they need time off to vote.

2. Non-exempt staff members who take time away from work to vote should note the number of hours taken as paid leave in their time collection systems.

If you have any questions, please contact Workforce Policy and Labor Relations at 255-4652.