Minimum Wage hourly rates effective 12/31/2020 – 12/30/2021

### New York City

<table>
<thead>
<tr>
<th>Large Employers (11 or more employees)</th>
<th>Small Employers (10 or less employees)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Minimum Wage</strong> $15.00</td>
<td><strong>Minimum Wage</strong> $15.00</td>
</tr>
<tr>
<td>Overtime after 40 hours $22.50</td>
<td>Overtime after 40 hours $22.50</td>
</tr>
<tr>
<td>Tipped workers $15.00</td>
<td>Tipped workers $15.00</td>
</tr>
<tr>
<td>Overtime after 40 hours $22.50</td>
<td>Overtime after 40 hours $22.50</td>
</tr>
</tbody>
</table>

### Long Island and Westchester County

<table>
<thead>
<tr>
<th><strong>Minimum Wage</strong> $14.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overtime after 40 hours $21.00</td>
</tr>
<tr>
<td>Tipped workers $14.00</td>
</tr>
<tr>
<td>Overtime after 40 hours $21.00</td>
</tr>
</tbody>
</table>

### Remainder of New York State

<table>
<thead>
<tr>
<th><strong>Minimum Wage</strong> $12.50</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overtime after 40 hours $18.75</td>
</tr>
<tr>
<td>Tipped workers $12.50</td>
</tr>
<tr>
<td>Overtime after 40 hours $18.75</td>
</tr>
</tbody>
</table>

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

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

- **Tips** – Beginning December 31, 2020, your employer must pay the full applicable minimum wage rate, and cannot take any tip credit.

- **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** 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

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.
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.

STATE OF NEW YORK - WORKERS’ COMPENSATION BOARD
ESTADO DE NUEVA YORK - JUNTA DE COMPENSACION OBRERA

C-105 (1-11)

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

Customer Service Line: 877-632-4996

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

Medical Leases Administration
395 Pine Tree Road, Suite 102
Ithaca, New York 14850

For Insurance Carriers ONLY: Policy No.

Policy in Force from ___________________________ to ___________________________

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

CORNELL UNIVERSITY

FORM C-105 (1-11)

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 of employer (Nombre del patrón)

$250 penalty for each violation.

395 Pine Tree Road, Suite 102
Ithaca, New York 14850

1. Su patrón está cumpliendo la Ley de Compensación Obrera cuando despliega este comunicado concerniente a sus derechos como trabajador lesionado.
2. Si usted no notifica a su patrón dentro del término de 30 días de haber sufrido su lesión su reclamación podría ser desestimada, por eso notifíquelo inmediatamente.
3. Usted tiene derecho a recibir cualquier tratamiento médico necesario relacionado con su lesión y debe gestionarlo inmediatamente.
4. Para el tratamiento de cualquier lesión o enfermedad relacionada con el trabajo, usted puede escoger cualquier médico, podiatra, quiropráctico o psicólogo (si es referido por un médico autorizado) que esté autorizado y acepte pacientes de la Junta de Compensación Obrera. Sin embargo, si su patrón está autorizado a participar en una organización certificada de proveedores preferidos (PPO), usted deberá obtener tratamiento inicial para cualquier lesión o enfermedad relacionada con el trabajo de la correspondiente entidad. Patrones que participen en cualquiera de estos programas establecidos por ley están obligados a proveer a sus empleados notificación escrita explicando sus derechos y obligaciones bajo el programa a que esté acogido.
5. Usted deberá requerir de su Médico que radique copias de los informes médicos de su caso en la Junta de Compensación Obrera y en la compañía de seguros de su patrón, que se indica al final de esta forma.
6. Usted tiene derecho a compensación si su lesión relacionada con el trabajo le impide trabajar por más de siete días, le obliga a trabajar en sueldo más bajo ó resulta en incapacidad permanente de cualquier parte de su cuerpo. Usted puede tener derecho a servicios de rehabilitación si necesita ayuda para regresar al trabajo.
7. No pague a ningún proveedor médico directamente por tratamiento de su lesión o enfermedad relacionada con el trabajo. Ellos deben enviar sus facturas al asegurador de su patrón. Si el caso es cuestionado, el proveedor deberá esperar hasta que la Junta decida el caso, antes de iniciar gestión de cobro alguna contra usted. Si usted no tramita su caso ó la Junta falla que su lesión o enfermedad no está relacionada con el trabajo, usted podría ser responsable del pago de las facturas.
8. No es obligatorio el estar representado en ninguno de los procedimientos de la Junta, pero es un derecho que usted tiene, el estar representado por abogado ó por representante licenciado si usted así lo desea. Si es representado, no pague al abogado ó al representante licenciado. Cuando la Junta decida su caso, los honorarios seran determinados por la Junta y descontados de sus beneficios.
9. Si tiene dificultad en conseguir un formulario de reclamación o necesita ayuda para llenarlo ó tiene dudas sobre cualquier situación relacionada con una lesión o enfermedad comuníquese con la oficina mas cercana de la Junta.
ANDREW M. CUOMO, Governor

STATEMENT OF RIGHTS
NEW YORK STATE DISABILITY BENEFITS

IF YOU ARE UNABLE TO WORK BECAUSE OF A NON-OCCUPATIONAL ILLNESS OR INJURY, YOU MAY BE ENTITLED TO DISABILITY BENEFITS

1. Your employer is required by law to provide for the payment of disability benefits to his/her employees.

2. Statutory disability benefits are payable for any non-work related injury or illness (including disability due to pregnancy) beginning with the 8th consecutive day of disability. Benefits are payable for up to 26 weeks. The total amount of combined paid family and disability leave an employee may take in a 52 consecutive week period may not exceed 26 weeks. Benefit payments are based on your average weekly wages for the eight weeks immediately prior to your disability, and are subject to the maximum allowable by the law in effect on the initial day of disability. Your employer or union may provide for different benefits which are at least as favorable as statutory benefits under an approved Disability Benefits Plan or Agreement.

3. TO CLAIM BENEFITS you should file written notice and proof of disability (Claim Form DB-450) with your employer or the insurance carrier named below within 30 days from the first day of your disability, or all or part of your claim may be rejected. In no event should you wait more than 26 weeks from that date to file a claim. You may obtain Form DB-450 from your employer, its insurance carrier, your health care provider or by contacting the Workers' Compensation Board. (See address and telephone number below.) Do not assume that your employer has filed a claim on your behalf; claim filing is your responsibility.

4. You are entitled to be treated by any physician, chiropractor, dentist, nurse-midwife, podiatrist or psychologist of your choice. Unlike workers' compensation, your medical bills will not be paid by your employer or the insurance carrier, unless your employer and/or union provides for the payment of medical bills under an approved Disability Benefits Plan or Agreement.

5. Disability benefits are to be paid directly to you by the insurance carrier, not through your employer, unless your employer is an approved self-insurer.

6. If your employer or the insurance carrier contends that you are not entitled to the payment of disability benefits, they are required to send you a Notice of Rejection, within 45 days of the filing of your claim, telling you the reasons benefits are not being paid. If you disagree with their rejection, you have a legal right to request a review of the rejection by the Workers' Compensation Board. IMPORTANT: If within 45 days of filing your claim you do not receive benefits and do not receive a Notice of Rejection (Form DB-451), promptly contact the Workers' Compensation Board at the telephone number below.

7. If your disability is the result of an automobile accident and you have filed a claim for no-fault benefits, you must also file a claim (Form DB-450) for disability benefits. If you do not file for disability benefits, the no-fault insurer may reduce your no-fault payments. IMPORTANT: In such cases, if you are not entitled to disability benefits, immediately advise the no-fault insurance carrier.

8. Your employer may not ask you to waive your right to disability benefits nor may your employer deduct more than 60 cents a week (unless the additional contribution is part of an approved plan) from your pay to contribute to the payment of disability benefits insurance premiums. You cannot be discharged or discriminated against for filing a claim for disability benefits.

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 NON-WORK RELATED INJURY OR ILLNESS, CONTACT ANY OFFICE OF THE WORKERS' COMPENSATION BOARD.

This information is a simplified presentation of your rights as required by Section 229 of the Disability and Paid Family Leave Benefits Law. Your employer's disability benefits insurance carrier is:

Cornell University Self-Insured
Medical Leaves Administration
395 Pine Tree Road, Suite 102
Ithaca, New York 14850
607-255-1177

Prescribed by the Chair,
Workers' Compensation Board

DB-271S (5-19) Workers' Compensation Board, Disability Benefits Bureau, PO Box 9029, Endicott, NY 13761-9029
Customer Service: (877) 632-4996 • www.wcb.ny.gov
THIS AGENCY EMPLOYS AND SERVES PEOPLE WITH DISABILITIES WITHOUT DISCRIMINATION
SI USTED NO PUEDE TRABAJAR POR CAUSA DE UNA ENFERMEDAD O LESIÓN NO-OCUPACIONAL, USTED PODRÍA TENER DERECHO A BENEFICIOS POR DISCAPACIDAD

1. Por ley, su empleador debe facilitarle el pago de beneficios por discapacidad a sus empleados.

2. Las prestaciones estatutarias por discapacidad son pagaderas para cualquier lesión o enfermedad no-ocupacional relacionada (incluyendo discapacidad por embarazo) comenzando al 8vo día consecutivo de discapacidad. Los beneficios son pagaderos por hasta 26 semanas. La cantidad total de pago combinado por licencia por discapacidad o familiar que un empleado puede recibir dentro de un periodo de 52 semanas consecutivas no puede exceder las 26 semanas. Los pagos por beneficios se basan en su salario semanal promedio de las ocho semanas inmediatamente antes de su discapacidad, y están sujetos al máximo permitido por la ley vigente en el primer día de la discapacidad. Su empleador o sindicato puede ofrecer diferentes beneficios que sean por los menos igual de favorables que los beneficios estatutarios bajo un Plan o Acuerdo de Beneficios por Discapacidad.

3. PARA RECLAMAR BENEFICIOS usted debe someter una notificación por escrito y prueba de discapacidad (Formulario de reclamos DB-450) a su empleador o proveedor de seguros indicado a continuación dentro de los 30 días después del primer día de su discapacidad. En ningún caso usted debe esperar más de 26 semanas después de esa fecha para someter un reclamo. Usted puede obtener un Formulario DB-450 con su empleador, su proveedor de seguros, su proveedor de cuidados de salud o contactando la Junta de Compensación Laboral. (Vea la dirección y número de teléfono indicados a continuación.) No asuma que su empleador ha sometido un reclamo de parte suya; someter el reclamo es su responsabilidad.

4. Usted tiene derecho a ser tratado por cualquier médico, quiropráctico, dentistas, enfermera-partera, podólogo o psicólogo de su preferencia. A diferencia de la compensación de empleados, sus facturas médicas no serán pagadas por su empleador o proveedor de seguros, a menos que su empleador y/o sindicato provea el pago de facturas médicas bajo un Plan o Acuerdo de Beneficios por Discapacidad aprobado.

5. Los beneficios por discapacidad serán pagados directamente a usted por el proveedor de seguros, no a través de su empleador, a menos que su empleador sea un asegurador aprobado.

6. Si su empleador o proveedor de seguros le disputa que usted no tiene derecho al pago de beneficios por discapacidad, ellos deben enviarle una Notificación de Rechazo, dentro de 45 días después de haber sometido su reclamo, informándole las razones por las cuales los beneficios no se les están pagando. Si usted no está de acuerdo con su rechazo, usted tiene el derecho legal de solicitar una revisión del rechazo ante la Junta de Compensación Laboral. IMPORTANTE: Si usted no ha recibido beneficios dentro de 45 días después de haber sometido su reclamo y no recibe una Notificación de Rechazo (Formulario DB-451), contacte rápidamente a la Junta de Compensación Laboral llamado al siguiente número de teléfono.

7. Si su discapacidad es el resultado de un accidente automovilístico y usted ha sometido un reclamo para beneficios por no-culpa, usted debe también someter un reclamo (Formulario DB-450) para beneficios por discapacidad. Si usted no solicita los beneficios por discapacidad, el asegurador por no-culpa puede reducir sus pagos de no-culpa. IMPORTANTE: En tales casos, si usted no tiene derecho a beneficios por discapacidad, notifíque inmediatamente a su proveedor de seguros de no-culpa.

8. Su empleador no le puede pedir que renuncie a su derecho de beneficios por discapacidad ni tampoco puede deducirle más de 60 centavos a la semana (a menos que la contribución adicional sea parte de un plan aprobado) de su salario para contribuir al pago de primas de seguros de beneficios por discapacidad. Usted no puede ser despedido ni discriminado por someter un reclamo para beneficios por discapacidad.

SI TIENE ALGUNA DIFICULTAD PARA OBTENER UN FORMULARIO DE RECLAMO O NECESITA AYUDA PARA LLENARLO, O SI TIENE CUALQUIER OTRA PREGUNTA O DUDA ACERCA DE UNA ENFERMEDAD O LESIÓN NO-OCUPACIONAL RELACIONADA, CONTACTE A CUALQUIER OFICINA DE LA JUNTA DE COMPENSACIÓN LABORAL.

Esta información es una presentación resumida de sus derechos según las provisiones de la Sección 229 de la Ley de Beneficios de Baja Familiar Remunerada e Discapacidad. El proveedor de seguros de beneficios por discapacidad de su empleador es:

Cornell University Self-Insured Medical Leaves Administration
395 Pine Tree Road, Suite 102
Ithaca, New York 14850
607-255-1177

Estipulado por el Presidente,
Junta de Compensación Laboral

Workers’ Compensation Board, Disability Benefits Bureau, PO Box 9029, Endicott, NY 13761-9029
Servicio al Cliente: (877) 632-4996 • www.wcb.ny.gov
ESTA AGENCIA PROVEE EMPLEOS Y SERVICIOS PARA PERSONAS CON DISCAPACIDADES SIN DISCRIMINACIÓN
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](http://ny.gov/PaidFamilyLeave) or call (844) 337-6303

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**N**OTICE 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.
DISCRIMINATION BASED UPON AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEXUAL ORIENTATION, MILITARY STATUS, SEX, PREGNANCY, GENDER IDENTIFICATION OR EXPRESSION, 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.

ALL EMPLOYERS (until February 8, 2020, only employers with 4 or more employees are covered), EMPLOYMENT AGENCIES, LABOR ORGANIZATIONS AND APPRENTICESHIP TRAINING PROGRAMS
Also prohibited: discrimination in employment on the basis of Sabbath observance or religious practices; hairstyles associated with race (also applies to all areas listed below); 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 including lactation 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: domestic workers are protected from harassment and retaliation; interns and nonemployees working in the workplace (for example temp or contract workers) are protected from all discrimination described above.

RENTAL, LEASE OR SALE OF HOUSING, LAND AND COMMERCIAL SPACE, INCLUDING ACTIVITIES OF REAL ESTATE BROKERS AND SALES PEOPLE
Also prohibited: discrimination on the basis of lawful source of income (for example housing vouchers, disability benefits, child support); familial status (families with children or being pregnant); prior arrest or sealed conviction; commercial boycotts or blocking
Reasonable accommodations and modifications for persons with disabilities may also be required. 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

ALL CREDIT TRANSACTIONS INCLUDING FINANCING FOR PURCHASE, MAINTENANCE AND REPAIR OF HOUSING
PLACES OF PUBLIC ACCOMMODATION SUCH AS RESTAURANTS, HOTELS, HOSPITALS AND MEDICAL OFFICES, CLUBS, PARKS AND GOVERNMENT OFFICES
Exception: Age is not a covered classification relative to public accommodations. Reasonable accommodations for persons with disabilities may also be required.

EDUCATION INSTITUTIONS
All public schools and private nonprofit schools, at all education levels, excluding those run by religious organizations.

ADVERTISING AND APPLICATIONS RELATING TO EMPLOYMENT, REAL ESTATE, PLACES OF PUBLIC ACCOMMODATION AND CREDIT TRANSACTIONS MAY NOT EXPRESS ANY DISCRIMINATION
If you wish to file a formal complaint with the Division of Human Rights, you 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

LA LEY DE DERECHOS HUMANOS DEL ESTADO DE NUEVA YORK PROHÍBE LA DISCRIMINACIÓN POR EDAD, RAZA, CREEDO, COLOR, ORÍGEN NACIONAL, ORIENTACIÓN SEXUAL, ESTATUS MILITAR, SEXO, EMBARAZO, IDENTIDAD O EXPRESIÓN DE GÉNERO, DISCAPACIDAD O ESTATUS MILITAR. TAMBIÉN ESTÁ PROHIBIDO EL ACOSO SEXUAL O EL ACOSO POR CUALQUIERA DE ESTAS CLASES PROTEGIDAS.

TODOS LOS EMPLEADORES (hasta el 8 de febrero de 2020, solo los 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; peinados asociados con la raza (también se aplica a las áreas enumeradas a continuación) arresto previo o antecedentes penales; las características genéticas predisponentes; el estado civil; las condiciones relacionadas con el embarazo. Es posible que sea necesario hacer acomodos razonables para personas con discapacidades y condiciones relacionadas con el embarazo incluyendo lactación. 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.

También están cubiertos: trabajadores domésticos están protegidos en casos acoso y represalias; internos y no empleados cuales trabajan en el lugar de trabajo (por ejemplo trabajadores temporarios o contratantes) están protegidos de toda discriminación descrita arriba.

ALQUILAR, ARRENDAMIENTO O VENTA DE VIVIENDA, TERRENO O ESPACIO COMERCIAL INCLUYENDO ACTIVIDADES DE AGENTE DE BIENES RAÍCES Y VENDEDORES
También está esta prohibido: la discriminación a base de fuente de ingreso legal (por ejemplo vales, beneficios de discapacidad, manutención de niños); estado familiar (familias con niños o en estado de embarazo); arresto previo o condena sellada; boicot comercial o acoso inmobiliario. También es posible que sea necesario realizar modificaciones y arreglos razonables para personas con discapacidades.

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

Están prohibidos: discriminación en vivienda sobre la base del estado civil (por ejemplo, familias con hijos).

TODAS LAS TRANSMISIONES CREDITICIAS INCLUYENDO FINANCIAMIENTO PARA LA COMPRA, MANTENIMIENTO Y REPARACIÓN DE VIVIENDAS
LUGARES DE ALOJAMIENTO PÚBLICO, COMO RESTAURANTES, HOTELES, HOSPITALES Y CONSULTORIOS MÉDICOS, CLUBS, PARQUES Y OFICINAS DEL GOBIERNO.
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.

INSTITUCIONES EDUCATIVAS
Todas las escuelas públicas y escuelas privadas sin ánimo de lucro, en todos los niveles, excluyendo escuelas dirigidas por organizaciones religiosas.

PUBLICIDAD Y SOLICITUDES RELACIONADAS CON EL EMPLEO, LOS INMUEBLES, LOS LUGARES DE ALOJAMIENTO PÚBLICO Y LAS TRANSMISIONES CREDITICIAS NO DEBEN EXPRESAR NINGÚN ACTO DISCRIMINATORIO
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 ocurra 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 CERCAÑA 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

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§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.
ATTENTION ALL EMPLOYEES
TIME ALLOWED EMPLOYEES TO VOTE ON ELECTION DAY
N.Y. ELECTION LAW SECTION 3-110\(^1\) 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.

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\(^1\) 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