



New York State Department of Labor
Bureau of Public Work

Attention Employees

THIS IS A: **PUBLIC WORK PROJECT**

If you are employed on this project as a **worker, laborer, or mechanic** you are entitled to receive the **prevailing wage and supplements rate** for the classification at which you are working.

Chapter 629 of
the Labor Laws
of 2007:

**These wages are set by law and must be posted
at the work site. They can also be found at:
www.labor.ny.gov**

If you feel that you have not received proper wages or benefits,
please call our nearest office.*

Albany	(518) 457-2744	Patchogue	(631) 687-4886
Binghamton	(607) 721-8005	Rochester	(585) 258-4505
Buffalo	(716) 847-7159	Syracuse	(315) 428-4056
Garden City	(516) 228-3915	Utica	(315) 793-2314
New York City	(212) 775-3568	White Plains	(914) 997-9507
Newburgh	(845) 568-5398		

* For New York City government agency construction projects, please
contact the Office of the NYC Comptroller at (212) 669-4443, or
www.comptroller.nyc.gov – click on Bureau of Labor Law.

Contractor Name: _____

Project Location: _____



STATE OF NEW YORK
DEPARTMENT OF LABOR
BUREAU OF PUBLIC WORK

CASE ID #

PRC #

OFFICIAL USE ONLY

CERTIFICATION OF OFFICER OF CONTRACTOR OR SUBCONTRACTOR

I, _____, am an officer with the title
NAME OF OFFICER
of _____ in the firm of _____
and am authorized by that firm to sign and swear to the validity and accuracy of the statements below:

(1) I pay or supervise the payment of laborers, workers and mechanics employed by
_____ on the _____
project. During the payroll period commencing on the _____ day of _____ 20____ and
ending the _____ day of _____ 20____, all laborers, workers and mechanics employed on said
project were paid the wages and supplements recorded as earned on the attached payroll records. No
deductions have been made either directly or indirectly from the wages and supplements other than
deductions shown on the payroll records:

(2) The payroll records submitted for the above period and attached hereto are correct and
complete. The number of hours shown for each employee reflects the actual hours worked by that
employee. The classification shown for each employee is accurate and conforms with the work he or
she performed.

Signed _____

Title of Officer _____

Name of Firm _____

Address _____

Sworn to before me this

_____ day of _____ 20____

NOTARY PUBLIC OR OFFICIAL AUTHORIZED TO ADMINISTER OATHS

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE SIGNATORY OF
THIS CERTIFICATION AND CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION.

WORKER NOTIFICATION

(Labor Law §220, paragraph a of subdivision 3-a)

Effective February 24, 2008

This provision is an addition to the existing prevailing wage rate law, Labor Law §220, paragraph a of subdivision 3-a. It requires contractors and subcontractors to provide written notice to all laborers, workers or mechanics of the *prevailing wage rate* for their particular job classification *on each pay stub**. It also requires contractors and subcontractors to *post a notice* at the beginning of the performance of every public work contract *on each job site* that includes the telephone number and address for the Department of Labor and a statement informing laborers, workers or mechanics of their right to contact the Department of Labor if he/she is not receiving the proper prevailing rate of wages and/or supplements for his/her particular job classification. The required notification will be provided with each wage schedule, may be downloaded from our website www.labor.state.ny.us or made available upon request by contacting the Bureau of Public Work at 518-457-5589.

* In the event that the required information will not fit on the pay stub, an accompanying sheet or attachment of the information will suffice.

Requirements for OSHA 10 Compliance

Chapter 282 of the Laws of 2007, codified as Labor Law 220-h took effect on July 18, 2008. The statute provides as follows:

The advertised specifications for every contract for public work of \$250,000.00 or more must contain a provision requiring that every worker employed in the performance of a public work contract shall be certified as having completed an OSHA 10 safety training course. The clear intent of this provision is to require that all employees of public work contractors, required to be paid prevailing rates, receive such training "prior to the performing any work on the project."

The Bureau will enforce the statute as follows:

All contractors and sub contractors must attach a copy of proof of completion of the OSHA 10 course to the first certified payroll submitted to the contracting agency and on each succeeding payroll where any new or additional employee is first listed.

Proof of completion may include but is not limited to:

- Copies of bona fide course completion card (*Note: Completion cards do not have an expiration date.*)
- Training roster, attendance record of other documentation from the certified trainer pending the issuance of the card.
- Other valid proof

****A certification by the employer attesting that all employees have completed such a course is not sufficient proof that the course has been completed.**

Any questions regarding this statute may be directed to the New York State Department of Labor, Bureau of Public Work at 518-485-5696.

**Subcontractor's Certification of Receiving Schedule(s) of Wages and supplements
in Compliance with the New York State Labor Law, Section 220-a.**

I, _____, as _____ of
(Title or Position)

(Company Name) (Subcontractor), a subcontractor of _____
(Prime) on PRC No. _____, am duly authorized to make this affidavit on behalf of this sub-
contractor, and being duly sworn, depose and say that:

In compliance with the provisions of Section 220-a of the Labor Law, do hereby state verify receipt from
Prime of the original schedule(s) of wages and supplements for this project applicable for the period from
July 1, 20____ through June 30, 20____ for the county(ies) of _____

Furthermore, by these present, I do hereby verify that I have reviewed said schedule(s), and agree for and on
behalf of Subcontractor to pay the applicable prevailing wage and to pay or provide the supplements
specified therein.

VERIFICATION:

Signature

STATE OF NEW YORK }
COUNTY OF } SS.:

On the _____ day of _____, 20____, before me personally came _____,

to me known and who, being by me duly sworn, did depose and say that he/she is authorized to execute
the foregoing instrument on behalf of the Prime, has read the foregoing, knows the contents thereof,
knows same is true, and he/she has signed his/her name hereto.

Notary Public



New York State Department of Labor
Required Notice under Article 25-B of the Labor Law

**ATTENTION ALL EMPLOYEES, CONTRACTORS AND SUBCONTRACTORS:
YOU ARE COVERED BY THE
CONSTRUCTION INDUSTRY FAIR PLAY ACT**

The law says that you are an employee unless:

- You are free from direction and control in performing your job AND
- You perform work that is not part of the usual work done by the business that hired you AND
- You have an independently established business

Your employer cannot consider you to be an independent contractor unless all three of these facts apply to your work.

**IT IS AGAINST THE LAW FOR AN EMPLOYER TO MISCLASSIFY EMPLOYEES AS
INDEPENDENT CONTRACTORS OR PAY EMPLOYEES OFF THE BOOKS.**

Employee Rights. If you are an employee, you are entitled to state and federal worker protections such as

- unemployment benefits (if unemployed through no fault of your own, able to work, and otherwise qualified)
- workers' compensation benefits for on-the-job injuries
- payment for wages earned, minimum wage, and overtime (under certain conditions)
- prevailing wages on public work projects
- the provisions of the National Labor Relations Act and
- a safe work environment

It is a violation of this law for employers to retaliate against anyone who asserts their rights under the law. Retaliation subjects an employer to civil penalties, a private lawsuit or both.

Independent Contractors: If you are an independent contractor:

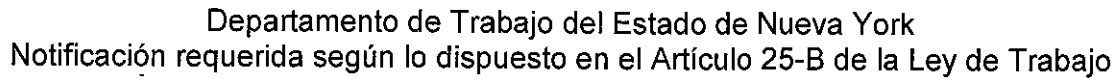
You must pay all taxes required by New York State and Federal Law.

Penalties for paying off the books or improperly treating employees as independent contractors:

- **Civil Penalty** First Offense: up to \$2,500 per employee.
Subsequent Offense(s): up to \$5,000 per employee.
- **Criminal Penalty** First Offense: Misdemeanor - up to 30 days in jail, up to a \$25,000 fine and debarment from performing Public Work for up to one year.
Subsequent Offense(s): Misdemeanor - up to 60 days in jail, up to a \$50,000 fine and debarment from performing Public Work for up to 5 years.

If you have questions about your employment status or believe that your employer may have violated your rights and you want to file a complaint, call the Department of Labor at 1(866)435-1499 or send an email to dol.misclassified@labor.state.ny.us. All complaints of fraud and violations are taken seriously and you can remain anonymous.

Employer Name:



La ley dice que usted es un empleado, a menos que:

- Su empleador no puede considerarle como un contratista independiente, a no ser que se den las tres condiciones previamente descritas cuando usted realiza su trabajo.

Derechos del trabajador. Si usted es un trabajador:

- Contratistas independientes:** si usted es un contratista independiente:

Usted tiene que pagar todos los impuestos requeridos por el Estado de Nueva York y las Leyes Federales.

IA 999S (02/11)

**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

M. Patricia Smith
Commissioner

Richard O. Marino

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 COMPENSACION 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.

WORKERS' COMPENSATION BOARD OFFICES

Albany, 12241 - 100 Broadway Menands - (518) 750-5157
Brooklyn, 11201 - 111 Livingston St. - Brooklyn - (800) 877-1373
Binghamton, 13901 - State Office Bldg. - 44 Hawley St. - (607) 733-3804
Buffalo, 14202 - 369 Franklin St. - (716) 211-0845
Hauppauge, 11788 - 220 Rabro Drive, Suite 100 - (631) 681-5354
Hempstead, 11550 - 175 Fulton Avenue - (866) 803-3630
New York, 10027 - 215 W. 125th St., Manhattan - (800) 877-4373
Peekskill, 10566 - 41 North Division St. - (866) 748-0552
Queens, 11332 - 168-49 91st Ave., Jamaica - (800) 877-1373
Rochester, 14614 - 130 Main Street West - (585) 211-0644
Syracuse, 13203 - 935 James St. - (866) 802-3730

DOWNSTATE MAILING ADDRESS

Claims related mail for the Hauppauge, Hempstead, Peekskill and all NYC offices should be mailed to: P.O. Box 5205 Binghamton, NY 13902-5205

Statewide Fax: 877-533-0337

AVISO DE CUMPLIMIENTO

A EMPLEADOS

INFORMACION IMPORTANTE PARA EMPLEADOS QUE SEAN LESIONADOS O SUFRAN UNA ENFERMEDAD OCUPACIONAL MIENTRAS TRABAJAN.

1. Su patrono 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 patrono dentro de término de 30 días de haber sufrido su lesión su reclamación podría ser desestimada, por eso notifique 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, quiroprático 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 patrono 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. Patronos que participan 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 patrono, 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 a sueldo más bajo o 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 patrono. 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 o 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 o por representante licenciado si usted así lo desea. Si es representado, no pague al abogado o al representante licenciado. Cuando la Junta decida su caso, los honorarios serán determinados por la Junta y descontados de sus beneficios.
9. Si tiene dificultad en conseguir un formulario de reclamación o necesita ayuda para llenarlo o tiene dudas sobre cualquier situación relacionada con una lesión o enfermedad comuníquese con la oficina mas cercana de la Junta.

Robert E. Beloten

ROBERT E. BELOTEN, CHAIR/PRESIDENTE

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

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

Cornell University Medical Leaves Administration
365 Pine Tree Road
Ithaca, New York 14850

For Insurance Carriers ONLY: Policy No.

Policy in Force from to

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.

DECLARACION DE DERECHOS - LEY DE BENEFICIOS POR INCAPACIDAD

**SI USTED NO PUEDE TRABAJAR A CAUSA DE ENFERMEDAD O LESION NO RELACIONADA
CON EL TRABAJO PUEDE 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 debida 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 al 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 o con la compañía de seguros nombrada abajo dentro del plazo de 30 días desde el primer día de incapacidad o toda o parte de su reclamación podrá ser rechazada. Bajo ninguna circunstancia usted debe esperar mas 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, el proveedor de servicios médicos o cualquier oficina de la Junta de Compensación Obrera. (Direcciones y telefonos mas 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, quiropráctico, dentista, enfermera-partera, podiatra, 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 y 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 autoasegurado.
6. Si su patrono o 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, explicándole 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) comuníquese 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 una reclamación 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 podría 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 mas de 60 centavos semanales (a menos que la contribución adicional sea parte de un acuerdo) de su paga 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 LLENARLO, O TIENE CUALQUIER OTRO PROBLEMA ACERCA DE UNA LESION O ENFERMEDAD NO RELACIONADA CON EL TRABAJO COMUNIQUESE CON CUALQUIER OFICINA DE LA JUNTA DE COMPENSACIÓN OBRERA.

Este 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
365 Pine Tree Road
Ithaca, New York 14850

Robert E. Beloten
ROBERT E. BELOTEN
CHAIR

100 Broadway Manhasset (888) 750-5197	State Office Building 44 Hawley Street BINGHAMTON 13901 (866) 802-3604	111 Livingston St. 22nd Floor BROOKLYN 11201 (800) 877-1373	220 Ralston Drive Suite 100 HAUPPAUGE 11789 (866) 211-0644	175 Fuller Avenue Hempstead 11550 (866) 805-3630	218 W. 125th Street 3rd Floor NEW YORK 10027 (800) 877-1373	41 North Division St. PEEKSKILL 10586 (866) 746-0552	168-45 91st Ave. 3rd Floor QUEENS 11432 (800) 877-1373	130 Main Street ROCHESTER 14614 (866) 211-0644	605 James St. SYRACUSE 13203 (866) 802-3730
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