

# ARIZONA

## Package Contents:

- AZ OSHA (ADOSH)
- AZ Constructive Discharge
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- AZ Workers' Compensation Law
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## Package Instructions:

1. Print the following PDF files in 8.5 x11 sheets of paper, unless otherwise specified use the color white.
2. The Federal OSHA poster must be printed in an 8 ½ x 14 sheet of paper to be in compliance.
3. Post the printed sheets in a place frequented by employees (i.e. lunch rooms, HR offices, employee lounges).
4. You may also distribute electronic copies of the Labor Law Notices to all relevant workstations in your facility.



**ALL IN ONE POSTER COMPANY, INC.**

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# EMPLOYEE SAFETY AND HEALTH PROTECTION

The Arizona Occupational Safety and Health Act of 1972 (Act), provides safety and health protection for employees in Arizona. The Act requires each employer to furnish his employees with a place of employment free from recognized hazards that might cause serious injury or death. The Act further requires that employers and employees comply with all workplace safety and health standards, rules and regulations promulgated by the Industrial Commission. The Arizona Division of Occupational Safety and Health (ADOSH), a division of the Industrial Commission of Arizona, administers and enforces the requirements of the Act.

## As an employee, you have the following rights:

**You have the right to notify your employer or ADOSH about workplace hazards. You may ask ADOSH to keep your name confidential.**

**You have the right to request that ADOSH conduct an inspection if you believe there are unsafe and/or unhealthful conditions in your workplace. You or your representative may participate in the inspection.**

**If you believe you have been discriminated against for making safety and health complaints, or for exercising your rights under the Act, you have a right to file a complaint with ADOSH within 30 days of the discriminatory action. You are also afforded protection from discrimination under the Federal Occupational Safety and Health Act and may file a complaint with the U.S. Secretary of Labor within 30 days of the discriminatory action.**

**You have the right to see any citations that have been issued to your employer. Your employer must post the citations at or near the location of the alleged violation.**

**You have the right to protest the time frame given for correction of any violation.**

**You have the right to obtain copies of your medical records or records of your exposure to toxic and harmful substances or conditions.**

**Your employer must post this notice in your workplace.**

The Industrial Commission and ADOSH do not cover employers of household domestic labor, those in maritime activities (covered by OSHA), those in atomic energy activities (covered by the Atomic Energy Commission) and those in mining activities (covered by the Arizona Mine Inspector's office). To file a complaint, report an emergency or seek advice and assistance from ADOSH, contact the nearest ADOSH office:

**Phoenix:**  
800 West Washington  
Phoenix AZ. 85007  
602-542-5795  
Toll free: 855-268-5251



**Tucson:**  
2675 East Broadway  
Tucson, AZ. 85716  
520-628-5478  
Toll free: 855-268-5251

**Industrial Commission web site:** [www.ica.state.az.us](http://www.ica.state.az.us)

Note: Persons wishing to register a complaint alleging inadequacy in the administration of the Arizona Occupational Safety and Health plan may do so at the following address:

U.S. Department of Labor – OSHA  
230 N. 1st Ave., Ste. 202  
Phoenix, AZ 85003  
Telephone: 602-514-7250

**- - - Notification of A.R.S. §23-1502 - - -**  
**CONSTRUCTIVE DISCHARGE**

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**NOTICE**

An employee is encouraged to communicate to the employer whenever the employee believes working conditions may become intolerable to the employee and may cause the employee to resign. Under section 23-1502, Arizona Revised Statutes, an employee may be required to notify an appropriate representative of the employer in writing that a working condition exists that the employee believes is intolerable, that will compel the employee to resign or that constitutes a constructive discharge, if the employee wants to preserve the right to bring a claim against the employer alleging that the working condition forced the employee to resign.

Under the law, an employee may be required to wait for fifteen calendar days after providing written notice before the employee may resign if the employee desires to preserve the right to bring a constructive discharge claim against the employer. An employee may be entitled to paid or unpaid leave of absence of up to fifteen calendar days while waiting for the employer to respond to the employee's written communication about the employee's working condition.

## ARIZONA LAW PROHIBITS DISCRIMINATION IN EMPLOYMENT

ON THE BASIS OF: Race, Color Religion, Sex, Age (40+),  
National Origin, Disability, or Results of Genetic Testing.

BY: Employers, Employment Agencies, or Labor Unions.

WITH RESPECT TO: Hiring, Promotion, Transfer,  
Termination, Salary or Benefits, Lay-Off, Apprenticeship and  
Training Programs, Job Referrals, or Union Membership.

REMEDY MAY INCLUDE: Employment, Reinstatement, Back  
Pay, Promotion, or Lost Benefits.

\*Intake form available online at [www.azag.gov](http://www.azag.gov)

## LA LEY DE ARIZONA PROHIBE DISCRIMINACION EN EL EMPLEO

POR RAZONES DE: Raza, Color, Religion, Sexo, Edad(40+),  
Origen Nacional, Incapacidad, o Resultados de Pruebas  
Geneticas.

POR PARTE DE: Empleador, Agencias de Empleo, o Sindicatos.

CON RESPECTO A: Ocupacion, Ascenso, Transferencia,  
Terminacion, Salarios o Beneficios, Despido, Aprendizaje de  
Trabajo, Referencias de Trabajo, o Miembrecia en Sindicatos.

LOS REMEDIOS PUEDEN INCLUIR: Empleo, Re-Empleo  
Sueldo Atrasado, Ascenso, o Beneficios Perdidos.

\*Formulario de cuestionario esta disponible en  
nuestro sitio de web: [www.azag.gov](http://www.azag.gov)



**Phoenix Office**  
2005 N. Central Avenue  
Phoenix, Arizona 85004  
(602) 542-5263  
(877) 491-5742 Toll Free  
(877) 624-8090 TTY Toll Free

**State of Arizona**  
**Office of the Attorney General**  
**Civil Rights Division**

**Tucson Office**  
400 West Congress Street  
Tucson, Arizona 85701  
(502) 628-6500  
(877) 491-5740 Toll Free  
(877) 624-8090 TTY Toll Free

**THIS NOTICE MUST BE POSTED IN A CONSPICUOUS WELL LIGHTED PLACE FREQUENTED  
BY EMPLOYEES, JOB SEEKERS, APPLICANTS FOR UNION MEMBERSHIP, OR PATRONS.**



# THE FAIR WAGES AND HEALTHY FAMILIES ACT

Effective January 1, 2026, Arizona's Minimum Wage

Is: **\$15.15** per hour

## EXEMPTIONS:

The Fair Wages and Healthy Families Act (the “Act”) does not apply to any person who is employed by a parent or a sibling; any person who is employed performing babysitting services in the employer’s home on a casual basis; any person employed by the State of Arizona or the United States government; or any person employed in a small business that grosses less than \$500,000 in annual revenue, if that small business is exempt from having to pay a minimum wage under section 206(a) of title 29 of the United States Code.

## TIPS AND GRATUITIES:

For any employee who customarily and regularly receives tips or gratuities, an employer may pay tipped employees a maximum of \$3.00 per hour less than the minimum wage if the employer can establish by its records that for each week, when adding tips received to wages paid, the employee received not less than the minimum wage for all hours worked. Certain other conditions must be met.

## RETALIATION & DISCRIMINATION PROHIBITED:

Employers are prohibited from discriminating against or subjecting any person to retaliation for: (1) asserting any claim or right under the Act; (2) assisting any person in doing so; or (3) informing any person of their rights under the Act.

## ENFORCEMENT:

Any person or organization may file a complaint with the Industrial Commission’s Labor Department alleging that an employer has violated the Act. Certain time limits apply. A civil action may also be filed as provided in the Act. Violations of the Act may result in penalties.

## INFORMATION:

For additional information regarding the Act, you may refer to the Industrial Commission’s website at [www.azica.gov](http://www.azica.gov) or contact the Industrial Commission’s Labor Department: 800 W. Washington, Phoenix, Arizona 85007-2022; (602) 542-4515.

**THIS POSTER MUST BE CONSPICUOUSLY DISPLAYED IN A PLACE THAT IS ACCESSIBLE TO EMPLOYEES**



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## THE FAIR WAGES AND HEALTHY FAMILIES ACT

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### Earned Paid Sick Time

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- EXEMPTIONS:** The Fair Wages and Healthy Families Act (the “Act”) does not apply to any person who is employed by a parent or a sibling; any person who is employed performing babysitting services in the employer’s home on a casual basis; or any person employed by the State of Arizona or the United States government.
- ENTITLEMENT AND AMOUNT:** Beginning July 1, 2017, employees are entitled to earned paid sick time and accrue a minimum of one hour of earned paid sick time for every 30 hours worked, subject to the following limitations:
- Employees whose employers have less than 15 employees may only accrue or use 24 hours of earned paid sick time per year.
  - Employees whose employers have 15 or more employees may only accrue or use 40 hours of earned paid sick time per year.
- Employers are permitted to select higher accrual and use limits.
- TERMS OF USE:** Earned paid sick time may be used for the following purposes: (1) medical care or mental or physical illness, injury, or health condition; or (2) a public health emergency; and (3) absence due to domestic violence, sexual violence, abuse, or stalking. Employees may use earned paid sick time for themselves or for family members. *See Arizona Revised Statutes § 23-373* for more information.
- RETALIATION & DISCRIMINATION PROHIBITED:** Employers are prohibited from discriminating against or subjecting any person to retaliation for: (1) asserting any claim or right under the Act, including requesting or using earned paid sick time; (2) assisting any person in doing so; or (3) informing any person of their rights under the Act.
- ENFORCEMENT:** Each employee has the right to file a complaint with the Industrial Commission’s Labor Department alleging that an employer has violated the Act. Certain time limits apply. A civil action may also be filed as provided in the Act. Violations of the Act may result in penalties.
- INFORMATION:** For additional information regarding the Act, you may refer to the Industrial Commission’s website at [www.azica.gov](http://www.azica.gov) or contact the Industrial Commission’s Labor Department: 800 W. Washington, Phoenix, Arizona 85007-2022; (602) 542-4515.

**THIS POSTER MUST BE CONSPICUOUSLY POSTED IN A PLACE  
THAT IS ACCESSIBLE TO EMPLOYEES**

## Notice to Employees

### You Are Covered By Unemployment Insurance (UI)

For an explanation of what this insurance means to you, visit our website at [www.azui.com](http://www.azui.com) for a copy of the pamphlet A Guide to Arizona UI Benefits. You may obtain additional information from the Unemployment Insurance office by calling (602) 364-2722 in the Phoenix area, (520) 791-2722 in the Tucson area, or toll free at 1-877-600-2722.

*If you become unemployed, you may be eligible for unemployment benefits if you:*

- Open or reopen a claim by going online at [www.azui.com](http://www.azui.com). If you do not have internet access, go to your nearest Arizona Department of Economic Security (ADES) Employment Service (ES) office for assistance.
- Were separated from your last job for a non-disqualifying reason.
- Meet the wage requirements established by law.
- Are registered for work with Arizona Job Connection – DES will attempt to register you based on the information you provide when your claim is filed.
- Actively seek work and remain available and able to accept suitable employment.
- Meet all other eligibility requirements.

You may receive partial unemployment insurance payments if your hours and wages are reduced.

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Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities • To request this document in alternative format or for further information about this policy, contact the UI Tax Office at 602-771-6606; TTY/TDD Services: 7-1-1 • Disponible en español en línea o en la oficina local.

# **WORK EXPOSURE TO BODILY FLUIDS**

## **NOTICE TO EMPLOYEES**

Re: Human Immunodeficiency Virus (HIV),  
Acquired Immune Deficiency Syndrome (AIDS) & Hepatitis C

Employees are notified that a claim may be made for a condition, infection, disease, or disability involving or related to the Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), or Hepatitis C within the provisions of the Arizona Workers' Compensation Law, and the rules of The Industrial Commission of Arizona. Such a claim shall include the occurrence of a significant exposure at work, which generally means contact of an employee's ruptured or broken skin or mucous membrane with a person's blood, semen, vaginal fluid, surgical fluid(s) or any other fluid(s) containing blood. **AN EMPLOYEE MUST CONSULT A PHYSICIAN TO SUPPORT A CLAIM.** Claims cannot arise from sexual activity or illegal drug use.

Certain classes of employees may more easily establish a claim related to HIV, AIDS, or Hepatitis C if they meet the following requirements:

1. The employee's regular course of employment involves handling or exposure to blood, semen, vaginal fluid, surgical fluid(s) or any other fluid(s) containing blood. Included in this category are health care providers, forensic laboratory workers, fire fighters, law enforcement officers, emergency medical technicians, paramedics and correctional officers.

2. **NO LATER THAN TEN (10) CALENDAR DAYS** after a possible significant exposure which arises out of and in the course of employment, the employee reports in writing to the employer the details of the exposure as provided by Commission rules. Reporting forms are available at the office of this employer or from the Industrial Commission of Arizona, 800 W. Washington, Phoenix, Arizona 85007, (602) 542-4661 or 2675 E. Broadway, Tucson, Arizona 85716, (520) 628-5181. If an employee chooses not to complete the reporting form, that employee may be at risk of losing a prima facie claim.

3. **NO LATER THAN TEN (10) CALENDAR DAYS** after the possible significant exposure the employee has blood drawn, and **NO LATER THAN THIRTY (30) CALENDAR DAYS** the blood is tested for **HIV OR HEPATITIS C** by antibody testing and the test results are negative.

4. **NO LATER THAN EIGHTEEN (18) MONTHS** after the date of the possible significant exposure at work, the employee is retested and the results of the test are HIV positive or the employee has been diagnosed as positive for the presence of HIV, or **NO LATER THAN SEVEN (7) MONTHS** after the date of the possible significant exposure at work, the employee is retested and the results of the test are positive for the presence of Hepatitis C or the employee has been diagnosed as positive for the presence of Hepatitis C.

**KEEP POSTED IN CONSPICUOUS PLACE  
NEXT TO WORKERS' COMPENSATION NOTICE TO EMPLOYEES**

THIS NOTICE IS APPROVED BY THE INDUSTRIAL  
COMMISSION OF ARIZONA FOR CARRIER USE

## **WORK EXPOSURE TO METHICILLIN-RESISTANT *STAPHYLOCOCCUS AUREUS* (MRSA), SPINAL MENINGITIS, OR TUBERCULOSIS (TB)**

### **Notice to Employees**

Employees are notified that a claim may be made for a condition, infection, disease or disability involving or related to MRSA, spinal meningitis, or TB within the provisions of the Arizona Workers' Compensation Law. (A.R.S. § 23-1043.04) Such a claim shall include the occurrence of a significant exposure at work, which is defined to mean an exposure in the course of employment to aerosolized MRSA, spinal meningitis or TB bacteria. Significant exposure also includes exposure in the course of employment to MRSA through bodily fluids or skin.

Certain classes of employees (as defined below) may more easily establish a claim related to MRSA, spinal meningitis or TB by meeting the following requirements:

1. The employee's regular course of employment involves handling or exposure to MRSA, spinal meningitis or TB. For purposes of establishing a claim under this section, "employee" is limited to firefighters, law enforcement officers, correction officers, probation officers, emergency medical technicians and paramedics who are not employed by a health care institution;
2. No later than thirty (30) calendar days after a possible significant exposure, the employee reports in writing to the employer the details of the exposure;
3. A diagnosis is made within the following time-frames:
  - a. For a claim involving MRSA, the employee must be diagnosed with MRSA within fifteen (15) days after the employee reports pursuant to Item No. 2 above;
  - b. For a claim involving spinal meningitis, the employee must be diagnosed with spinal meningitis within two (2) to eighteen (18) days of the possible significant exposure; and
  - c. For a claim involving TB, the employee is diagnosed with TB within twelve (12) weeks of the possible significant exposure.

Expenses for post-exposure evaluation and follow-up, including reasonably required prophylactic treatment for MRSA, spinal meningitis, and TB is considered a medical benefit under the Arizona Workers' Compensation Act for any significant exposure that arises out of and in the course of employment if the employee files a claim for the significant exposure or the employee reports in writing the details of the exposure. Providing post-exposure evaluation and follow-up, including prophylactic treatment, does not, however, constitute acceptance of a claim for a condition, infection, disease or disability involving or related to a significant exposure.

Employers must post this notice in a conspicuous place next to the Workers' Compensation Notice to Employees.

TO BE POSTED BY EMPLOYER

POLICY NUMBER \_\_\_\_\_

## NOTICE TO EMPLOYEES

RE: ARIZONA WORKERS' COMPENSATION LAW

All employees are hereby notified that this employer has complied with the provisions of the Arizona Workers' Compensation Law (Title 23, Chapter 6, Arizona Revised Statutes) as amended, and all the rules and regulations of The Industrial Commission of Arizona made in pursuance thereof, and has secured the payment of compensation to employees by insuring the payment of such compensation with: \_\_\_\_\_

All employees are hereby further notified that in the event they do not specifically reject the provisions of the said compulsory law, they are deemed by the laws of Arizona to have accepted the provisions of said law and to have elected to accept compensation under the terms thereof; and that under the terms thereof employees have the right to reject the same by written notice thereof prior to any injury sustained, and that the blanks and forms for such notice are available to all employees at the office of this employer.

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PARA SER COLOCADO POR EL PATRON

NUMERO DE POLIZA \_\_\_\_\_

## AVISO A LOS EMPLEADOS

RE: LEY DE COMPENSACION PARA LOS TRABAJADORES DE ARIZONA

A todos los empleados se les notifica por este medio que este patron ha cumplido con las provisiones de la Ley de Compensacion para los Trabajadores de Arizona (Titulo 23, Capitulo 6, Estatutos Enmendados de Arizona) tal como han sido enmendados, y con todas las reglas y ordenanzas de La Comision Industrial de Arizona hechas en cumplimiento de esta, y ha asegurado el pago de compensacion a los empleados garantizando el pago de dicha compensacion por medio de: \_\_\_\_\_

Ademas, a todos los empleados se les notifica por este medio que en caso de que especificadamente ellos no rechazen las disposiciones de dicha ley obligatoria, se les considerara bajo las leyes de Arizona de haber aceptado las provisiones de dicha ley y de haber escogido aceptar la compensacion bajo estos terminos; tambien bajo estos terminos los empleados tienen el derecho de rechazar la misma por medio de una notificacion por escrito antes de que sufran alguna lesion, todos los formularios o formas en blanco para tal notificacion por escrito estaran disponibles para todos los empleados en la oficina de este patron.

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**KEEP POSTED IN A CONSPICUOUS PLACE.**

**COLOQUESE EN LUGAR VISIBLE.**



**Thank you for not smoking.**



To report a violation or file a complaint:  
**[smokefreearizona.org](http://smokefreearizona.org)**

**1-877-4-AZNOSMOKE  
1-877-429-6676**

Smoke-Free Arizona Act ARS§36-601.01



# PAY DAY NOTICE

## Pay Days are on:

\_\_\_\_ Monday  
\_\_\_\_ Tuesday  
\_\_\_\_ Wednesday  
\_\_\_\_ Thursday  
\_\_\_\_ Friday  
\_\_\_\_ Saturday  
\_\_\_\_ Sunday

## Pay Schedule is:

\_\_\_\_ Weekly  
\_\_\_\_ BiWeekly  
\_\_\_\_ Semi Monthly  
\_\_\_\_ Monthly

## Paychecks Are Issued On:

\_\_\_\_\_ AND \_\_\_\_\_  
OF THE MONTH AT:  
\_\_\_\_\_  
TIME: \_\_\_\_\_

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## EMERGENCY PHONE NUMBERS

**For**

\_\_\_\_\_  
(Please Give Exact address of This Worksite Location)

Physicians: \_\_\_\_\_

Hospitals: \_\_\_\_\_

Ambulances: 911 or \_\_\_\_\_

Fire Department 911 or: \_\_\_\_\_

Police: 911 or \_\_\_\_\_

**PLEASE POST IN A CONSPICUOUS LOCATION**