

Georgia Labor Law Posters



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FAIR EMPLOYMENT

EQUAL PAY FOR EQUAL WORK ACT

POLICY

The General Assembly of Georgia hereby declares that the practice of discriminating on the basis of sex by paying wages to employees of one sex at a lesser rate than the rate paid to employees of the opposite sex for comparable work on jobs which require the same or essentially the same knowledge, skill, effort and responsibility unjustly discriminates against the person receiving the lesser rate:

It is hereby declared to be the policy of the State of Georgia through the exercise of the police power of this State to correct and, as rapidly as possible, to eliminate discriminatory wage practices based on sex.

PROHIBITION OF DISCRIMINATION

No employer having employees subject to any provisions of this section shall discriminate, within any establishment in which such employees are employed, between employees on the basis of sex by paying wages at a rate less than the rate paid to the opposite sex, EXCEPT WHERE SUCH PAYMENT IS MADE PURSUANT TO:

1. A seniority system;
2. A merit system;
3. A system which measures earnings by quantity or quality of production, or
4. A differential based on any other factor other than SEX: Provided, that an employer who is paying a wage rate differential in violation of this subsection shall not, in order to comply with the provisions of this subsection, reduce the wage rate of any employee.

It shall also be unlawful for any person to cause or attempt to cause an employer to discriminate against any employee in violation of the provisions of this Chapter.

It shall be unlawful for any person to discharge or in any other manner discriminate against any employee covered by this Chapter because such employee has made a complaint against the employer or any other person or has instituted or caused to be instituted any proceeding under or related to this Chapter or has testified or is about to testify in any such proceedings. Any person who violates any provision of this Code section shall, upon conviction thereof, be punished by a fine not to exceed \$100.00. (OCGA Section 34-5-3.)

FOR INFORMATION ON EQUAL PAY FOR EQUAL WORK ACT CONTACT:

Georgia Department of Labor
Office of Equal Opportunity
148 Andrew Young International Blvd., N. E.
Atlanta, Georgia 30303-1751

FOR ADDITIONAL POSTERS PHONE: (404) 232-3392

POST IN PROMINENT PLACE AS REQUIRED BY LAW

Georgia Department of Labor
Michael L. Thurmond, Commissioner

An Equal Opportunity Employer/Program

DOL-1107

WORKERS' COMPENSATION (PART 1)

(This notice must be posted in a conspicuous place readily accessible to the employee at all times.)

OFFICIAL NOTICE

This business operates under the Georgia Workers' Compensation Law.

**WORKERS MUST REPORT ALL ACCIDENTS IMMEDIATELY
TO THE EMPLOYER BY ADVISING THE EMPLOYER PERSONALLY,
AN AGENT, REPRESENTATIVE, BOSS, SUPERVISOR, OR FOREMAN.**

If a worker is injured at work, the employer shall pay medical and rehabilitation expenses within the limits of the law. In some cases the employer will also pay a part of the worker's lost wages.

Work injuries and occupational diseases should be reported in writing whenever possible. The worker may lose the right to receive compensation if an accident is not reported within 30 days (see O.C.G.A. § 34-9-80).

The employer will supply free of charge, upon request, a form for reporting accidents and will also furnish, free of charge, information about workers' compensation. The employer will also furnish to the employee, upon request, copies of board forms on file with the employer pertaining to an employee's claim.

A worker injured on the job must select a doctor from the list below. The minimum panel shall consist of at least six physicians, including an orthopedic surgeon with no more than two physicians from industrial clinics (see O.C.G.A. § 34-9-201). Further, this panel shall include one minority physician, whenever feasible (see Rule 201 for definition of minority physician). The Board may grant exceptions to the required size of the panel where it is demonstrated that more than four physicians are not reasonably accessible. One change of doctor, from the list, may be made without permission. Further changes require the permission of the employer or the State Board of Workers' Compensation.

State Board of Workers' Compensation
270 Peachtree Street, N.W.
Atlanta, Georgia 30303-1299
404-656-3818
or 1-800-533-0682
<http://www.sbbc.georgia.gov>

name/address/phone

name/address/phone

name/address/phone

name/address/phone

name/address/phone

name/address/phone

(Additional doctors may be added on a separate sheet)
The insurance company providing coverage for this business
under the Workers' Compensation Law is:

Name

address

phone

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT <http://www.sbbc.georgia.gov>
Willfully making a false statement for the purpose of obtaining or denying benefits is a crime subject to penalties of up to \$10,000.00 per violation (O.C.G.A. §34-9-16 and §34-9-19).

WC-P1

WORKERS' COMPENSATION (PART 2)

(This notice must be posted in a conspicuous place readily accessible to the employee at all times.)

OFFICIAL NOTICE

CONFORMED PANEL

This business operates under the Georgia Workers' Compensation Law.
**WORKERS MUST REPORT ALL ACCIDENTS IMMEDIATELY
TO THE EMPLOYER BY ADVISING THE EMPLOYER PERSONALLY,
AN AGENT, REPRESENTATIVE, BOSS, SUPERVISOR, OR FOREMAN.**

If a worker is injured at work, the employer shall pay medical and rehabilitation expenses within the limits of the law. In some cases the employer will also pay a part of the worker's lost wages.

Work injuries and occupational diseases should be reported in writing whenever possible. The worker may lose the right to receive compensation if an accident is not reported within 30 days (see O.C.G.A. § 34-9-80).

The employer will supply free of charge, upon request, a form for reporting accidents and will also furnish, free of charge, information about workers' compensation. The employer will also furnish to the employee, upon request, copies of board forms on file with the employer pertaining to an employee's claim.

A worker injured on the job must select a doctor from the list below. The minimum conformed panel shall consist of at least 10 physicians, including an orthopedic surgeon, a general surgeon, and a chiropractor, with no more than two physicians from industrial clinics (see O.C.G.A. § 34-9-201). Further, this panel shall include one minority physician, whenever feasible (see Rule 201 for definition of minority physician). One change of doctor from the list may be made without permission. Further changes require the permission of the employer or the State Board of Workers' Compensation.

State Board of Workers' Compensation
270 Peachtree Street, N.W.
Atlanta, Georgia 30303-1299
404-656-3818
or 1-800-533-0682
<http://www.sbcw.georgia.gov>

_____ name/address/phone

_____ name/address/phone

_____ name/address/phone

_____ name/address/phone

_____ name/address/phone

_____ name/address/phone

_____ name/address/phone

_____ name/address/phone

_____ name/address/phone

_____ name/address/phone

(Additional doctors may be added on a separate sheet)

The insurance company providing coverage for this business under the Workers' Compensation Law is:

_____ name

_____ address

_____ phone

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT <http://www.sbcw.georgia.gov>
Willfully making a false statement for the purpose of obtaining or denying benefits is a crime subject to penalties of up to \$10,000.00 per violation (O.C.G.A. §34-9-18 and §34-9-19).

WC-P2

GEORGIA STATE BOARD OF WORKERS' COMPENSATION

BILL OF RIGHTS FOR THE INJURED WORKER

As required by law, O.C.G.A. §34-9-81.1, this is a summary of your rights and responsibilities. The Workers' Compensation Law provides you, as a worker in the State of Georgia, with certain rights and responsibilities should you be injured on the job. The Workers' Compensation Law provides you coverage for a work-related injury even if an injury occurs on the first day on the job. In addition to rights, you also have certain responsibilities. Your rights and responsibilities are described below.

Employee's Rights

1. If you are injured on the job, you may receive medical rehabilitation and income benefits. These benefits are provided to help you return to work. Your dependents may also receive benefits if you die as a result of a job-related injury.
2. Your employer is required to post a list of at least six doctors or the name of the certified WCMCO that provides medical care, unless the Board has granted an exception. You may choose a doctor from the list and make one change to another doctor on the list without the permission of your employer. However, in an emergency, you may get temporary medical care from any doctor until the emergency is over, then you must get treatment from a doctor on the posted list.
3. Your authorized doctor bills, hospital bills, rehabilitation in some cases, physical therapy, prescriptions, and necessary travel expenses will be paid if injury was caused by an accident on the job.
4. You are entitled to weekly income benefits if you have more than seven days of lost time due to an injury. Your first check should be mailed to you within 21 days after the first day you missed work. If you are out more than 21 consecutive days due to your injury, you will be paid for the first week.
5. Accidents are classified as being either catastrophic or non-catastrophic. Catastrophic injuries are those involving amputations, severe paralysis, severe head injuries, severe burns, blindness, or of a nature and severity that prevents the employee from being able to perform his or her prior work and any work available in substantial numbers within the national economy. In catastrophic cases, you are entitled to receive two-thirds of your average weekly wage but not more than \$450 per week for a job-related injury for as long as you are unable to return to work. You also are entitled to receive medical and vocational rehabilitation benefits to help in recovering from your injury. If you need help in this area call the State Board of Workers' Compensation at (404) 656-3818.
6. In all other cases (non-catastrophic), you are entitled to receive two-thirds of your average weekly wage but not more than \$450 per week for a job-related injury. You will receive these weekly benefits as long as you are totally disabled, but no longer than 400 weeks. If you are not working and it is determined that you have been capable of performing work with restrictions for 52 consecutive weeks or 76 aggregate weeks, your weekly income benefits will be reduced to two-thirds of your average weekly wage but no more than \$300 per week, not to exceed 350 weeks.
7. When you are able to return to work, but can only get a lower paying job as a result of your injury, you are entitled to a weekly benefit of not more than \$300 per week for no longer than 350 weeks.
8. Your dependent(s), in the event you die as a result of an on-the-job accident, will receive burial expenses up to \$7,500 and two-thirds of your average weekly wage, but not more than \$450 per week. A widowed spouse with no children will be paid a maximum of \$150,000. Benefits continue until he/she remarries or openly cohabits with a person of the opposite sex.
9. If you do not receive benefits when due, the insurance carrier/employer must pay a penalty, which will be added to your payments.

Employee's Responsibilities

1. You should follow written rules of safety and other reasonable policies and procedures of the employer.
2. You must report any accident immediately, but not later than 30 days after the accident, to your employer, your employer's representative, your foreman or immediate supervisor. Failure to do so may result in the loss of the benefits.
3. An employee has a continuing obligation to cooperate with medical providers in the course of their treatment for work related injuries. You must accept reasonable medical treatment and rehabilitation services when ordered by the State Board of Workers' Compensation or the Board may suspend your benefits.
4. No compensation shall be allowed for an injury or death due to the employee's willful misconduct.
5. You must notify the insurance carrier/employer of your address when you move to a new location. You should notify the insurance carrier/employer when you are able to return to full-time or part-time work and report the amount of your weekly earnings because you may be entitled to some income benefits even though you have returned to work.
6. A dependent spouse of a deceased employee shall notify the insurance carrier/employer upon change of address or remarriage.
7. You must attempt a job approved by the authorized treating physician even if the pay is lower than the job you had when you were injured. If you do not attempt the job, your benefits may be suspended.
8. If you believe you are due benefits and your insurance carrier/employer denies these benefits, you must file a claim within one year after the date of last authorized medical treatment or within two years of your last payment of weekly benefits or you will lose your right to these benefits.
9. If your dependent(s) do not receive allowable benefit payments, the dependent(s) must file a claim with the State Board of Workers' Compensation within one year after your death or lose the right to these benefits.
10. Any request for reimbursement to you for mileage or other expenses related to medical care must be submitted to the insurance carrier/employer within one year of the date the expense was incurred.
11. If an employee unjustifiably refuses to submit to a drug test following an on-the-job injury, there shall be a presumption that the accident and injury were caused by alcohol or drugs. If the presumption is not overcome by other evidence, any claim for workers' compensation benefits would be denied.
12. You shall be guilty of a misdemeanor and upon conviction shall be punished by a fine of not more than \$10,000.00 or imprisonment, up to 12 months, or both, for making false or misleading statements when claiming benefits. Also, any false statements or false evidence given under oath during the course of any administrative or appellate division hearing is perjury.

The State Board of Workers' Compensation will provide you with information regarding how to file a claim and will answer any other questions regarding your rights under the law. If you are calling in the Atlanta area the telephone number is (404) 656-3818, outside the metro Atlanta area call 1-800-533-0882, or write the State Board of Workers' Compensation at: 270 Peachtree Street, N.W., Atlanta, Georgia 30303-1299 or visit our website: <http://www.sbwc.georgia.gov>. A lawyer is not needed to file a claim with the Board; however, if you think you need a lawyer and do not have your own personal lawyer, you may contact the Lawyer Referral Service at (404) 521-0777 or 1-800-237-2629.

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0882 OR VISIT <http://www.sbwc.georgia.gov>.
WILLFULLY MAKING A FALSE STATEMENT FOR THE PURPOSE OF OBTAINING OR DENYING BENEFITS IS A CRIME SUBJECT TO PENALTIES OF UP TO \$10,000 PER VIOLATION O.C.G.A. §34-9-18 AND §34-9-19.

WORKERS' COMPENSATION (PART 4)

(This notice must be posted in a conspicuous place readily accessible to the employee at all times.)

OFFICIAL NOTICE

This business operates under the Georgia Workers' Compensation Law.

**WORKERS MUST REPORT ALL ACCIDENTS IMMEDIATELY
TO THE EMPLOYER BY ADVISING THE EMPLOYER PERSONALLY,
AN AGENT, REPRESENTATIVE, BOSS, SUPERVISOR, OR FOREMAN.**

If a worker is injured at work, the employer shall pay medical and rehabilitation expenses within the limits of the law. In some cases the employer will also pay a part of the worker's lost wages.

Work injuries and occupational diseases should be reported in writing whenever possible. The worker may lose the right to receive compensation if an accident is not reported within 30 days (see O.C.G.A. §34-9-80).

The employer will supply free of charge, upon request, a form for reporting accidents and will also furnish, free of charge, information about workers' compensation. The employer will also furnish to the employee, upon request, copies of board forms on file with the employer pertaining to an employee's claim.

State Board of Workers' Compensation

270 Peachtree Street, N.W.
Atlanta, Georgia 30303-1299
404-656-3818
or 1-800-533-0682

<http://www.sbcw.georgia.gov>

Your employer has enrolled with the certified Workers' Compensation Managed Care Organization (WC/MCO) listed below to provide all the necessary medical treatment for workers' compensation injuries. The effective date is show below. If you had an injury prior to the effective date listed below you may continue to receive treatment from your current non-participating authorized physician until you elect to utilize the services of the WC/MCO.

Each employee will be furnished with a publication which explains in detail how to access the services of the WC/MCO and provides a complete list of the medical providers available. In addition, each employee will be given a wallet-sized card which contains information on the services of the WC/MCO including a 24-hour toll-free phone number with recorded messages of information on how to utilize these services.

NAME OF WC/MCO _____
MAILING ADDRESS _____
GEOGRAPHICAL SERVICE AREA _____
NAME OF CONTACT PERSON _____
PHONE NUMBER OF CONTACT PERSON _____
ADDRESS OF CONTACT PERSON _____
24-HOUR TOLL-FREE PHONE NUMBER _____
EFFECTIVE DATE OF WC/MCO _____

The insurance company providing coverage for this business under the
Workers' Compensation Law is:

Name

address

phone

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT <http://www.sbcw.georgia.gov>

Willfully making a false statement for the purpose of obtaining or denying benefits is a crime subject to penalties of up to \$10,000.00 per violation.
(O.C.G.A. §34-9-18 and §34-9-19)

UNEMPLOYMENT INSURANCE



UNEMPLOYMENT INSURANCE FOR EMPLOYEES

Your job with this employer is covered by the Employment Security Law. You may be able to establish a claim for Unemployment Insurance if you become **TOTALLY** or **PARTIALLY** unemployed and comply with all requirements.

IMPORTANT: YOU MAY FILE A CLAIM FOR BENEFITS AT ANY OFFICE OF THE GEORGIA DEPARTMENT OF LABOR LISTED BELOW. PLEASE BRING YOUR SEPARATION NOTICE, IF ONE WAS FURNISHED BY YOUR EMPLOYER.

THE EMPLOYMENT SECURITY LAW SAYS THAT FOR EACH WEEK YOU CLAIM INSURANCE FOR TOTAL UNEMPLOYMENT,

- YOU MUST:** Register for employment services with the Georgia Department of Labor.
- BE:** **UNEMPLOYED, ABLE to work, AVAILABLE for work, ACTIVELY SEEKING WORK, and be willing to immediately accept suitable work.**
- YOU MUST:** Report all earnings each week.
Report any job refusal.

NOTICE

No amount of money is deducted from your wages to pay for the unemployment insurance tax. Georgia employers pay this tax into a trust fund.

OFFICES WHERE UNEMPLOYMENT INSURANCE CLAIMS MAY BE FILED

ALBANY	CARTERSVILLE	EASTMAN	LAGRANGE	
AMERICUS	CEDARTOWN	ELBERTON	MACON	SOUTH METRO-ATLANTA
ATHENS	CLAYTON COUNTY	GAINESVILLE	MILLEDGEVILLE	STATESBORO
AUGUSTA	COBB-CHEROKEE	GRIFFIN	MONROE	SYLVESTER
BAINBRIDGE	COLUMBUS	GWINNETT COUNTY	MOULTRIE	THOMASVILLE
BLAIRSVILLE	CORDELE	HABERSHAM	NEWMAN	THOMSON
BLUE RIDGE	COVINGTON	HINESVILLE	NORTH METRO-ATLANTA	TIFTON
BRUNSWICK	DALTON	HOUSTON COUNTY	NORTHWEST GEORGIA -	TOCCOA
CAIRO	DEKALB COUNTY	JESUP	(FT. OGLETHORPE)	VALDOSTA
CAMILLA	DOUGLAS	KINGS BAY	ROME	VIDALIA
CARROLLTON	DUBLIN	LAFAYETTE	SAVANNAH	WAYCROSS

GEORGIA DEPARTMENT OF LABOR

Equal Opportunity Employer/Program • Auxiliary Aids & Services Are Available Upon Request To Individuals With Disabilities

DOL-810

VACATION UNEMPLOYMENT INSURANCE IS NOT PAYABLE

WHEN YOU ARE ON

- **LEAVE OF ABSENCE** at your own request
- **PAID VACATION**
- **UNPAID VACATION**, up to two weeks in a
calendar year if provided by

EMPLOYMENT CONTRACT, or by

ESTABLISHED EMPLOYER CUSTOM, PRACTICE

OR POLICY

PARAGRAPH (a)(3) OF OCGA SECTION 34-8-195

GEORGIA DEPARTMENT OF LABOR

DOL-114

SMOKING ALLOWED

**SMOKING
IS
ALLOWED**

Georgia Smokefree Air Act of 2005
O.C.G.A. § 31-12A-1 et seq.

NO SMOKING

**NO
SMOKING**



Georgia Smokefree Air Act of 2005
O.C.G.A. § 31-12A-1 et seq.