



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](http://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](http://www.comptroller.nyc.gov) – click on Bureau of Labor Law.

Contractor Name: \_\_\_\_\_

Project Location: \_\_\_\_\_

Southern Tier Insulations

STATE OF NEW YORK  
WORKERS' COMPENSATION BOARD  
NOTICE OF COMPLIANCE  
New York State Disability Benefits

Disability Benefits For Employees

1. If you are unable to work because of an illness or injury, not work-related, you may be entitled to receive weekly benefits from your employer, his or her insurance carrier, or from the Special Fund for Disability Benefits.
2. To claim benefits you must file a claim form within 30 days from the first date of your disability, but in no event more than 26 weeks from such date.
3. Complete claim form DB-450 (Notice and Proof of Claim for Disability Benefits)  
You may obtain the form from your employer, his or her insurance carrier, your health provider, any Unemployment Insurance Office, the Workers' Compensation Board's website ([www.wcb.ny.gov](http://www.wcb.ny.gov)) or any office of the Board.  
**IMPORTANT:** Before filing your claim, your health provider must complete the "Health Care Provider's Statement" on the form showing your period of disability.
  - If you are employed, or have been unemployed for four weeks or less when your disability begins, send the completed form to your employer or the insurance carrier named below.
  - If you have been unemployed more than four weeks when your disability begins, send the completed form to the Workers' Compensation Board, Disability Benefits Bureau, 328 State Street, Schenectady, New York 12305.
4. You are entitled to be treated by any physician, chiropractor, dentist, nurse-midwife, podiatrist or psychologist of your choice. However, unlike workers' compensation, your medical bills will not be paid unless your employer and/or union provide for the payment of such bills under a Disability Benefits Plan or Agreement.
5. If you are ill or injured during the time you are receiving Unemployment Insurance Benefits, file a claim for Disability Benefits as soon as you sustain the injury or illness, by following the instructions outlined above.
6. If you are out of work in excess of seven days, your employer is required to send you a Disability Benefits Statement of Rights (Form DB-271S).
7. You may not take disability benefits at the same time as paid family leave benefits. The total amount of disability and paid family leave in a 52 week period cannot exceed 26 weeks.
8. Other information about disability benefits may be obtained by writing or calling the Workers' Compensation Board.

INSERT NAME, ADDRESS AND TELEPHONE NUMBER OF INSURER OR MAIN OFFICE OF AUTHORIZED NEW YORK SELF-INSURER  
AXA EQUITABLE LIFE INSURANCE COMPANY  
1290 Avenue of the Americas  
New York, NY 10104 (888) 292-4636

Policy #: 002035 Effective From: October 1, 2018 To: Until Cancelled

Statutory  Under a Plan or Agreement

Class(es) of Employees Covered:

All active Full-time and Part-time Employees of the Employer

NYS Workers' Compensation Board  
Customer Service: (877) 632-4996  
[www.wcb.ny.gov](http://www.wcb.ny.gov)

**PRESCRIBED BY THE CHAIR, WORKERS' COMPENSATION BOARD**  
**THIS NOTICE MUST BE POSTED CONSPICUOUSLY IN AND ABOUT THE EMPLOYER'S PLACE OR PLACES OF BUSINESS.**  
Employers must post DB-120 so that all classes of their employees know who will pay their benefits.

# 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.

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

**Customer Service Line: 877-632-4996**

## 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 del 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, quiropráctico ó 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 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 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 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 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 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 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 ó tiene dudas sobre cualquier situación relacionada con una lesión o enfermedad comuníquese con la oficina mas cercana de la Junta.

Clarissa Rodríguez

**CHAIR/PRESIDENTE**  
**Workers' Compensation Board**

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

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

C/O AmTrust North America, P.O. Box 6935, Cleveland, OH 44101, Tel: 888-239-3909, Toll Free

For Insurance Carriers ONLY: Policy No

CPW1001849

Policy in Force from 12/1/2023

to

12/1/2024

Name of employer (Nombre del patrono)

Southern Tier Insulation Distributors Inc

**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.

C-105 (9-17)

Workers' Compensation Board  
Prescribed by Chairman State  
New York

www.wcb.ny.gov



NEW YORK STATE  
DIVISION OF  
**HUMAN  
RIGHTS**  
WWW.DHR.NY.GOV  
ANDREW M. CUOMO, GOVERNOR

**DISCRIMINATION REALLY HURTS.**  
**IF YOU SEE IT OR EXPERIENCE IT, CALL US.**  
**WE'RE HERE.**  
**(718) 741-8400 (888) 392-3644**  
**TTD (718)741-8300**

THIS ESTABLISHMENT IS SUBJECT TO THE NEW YORK STATE HUMAN RIGHTS LAW (EXECUTIVE LAW, ARTICLE 15)

ESTE ESTABLECIMIENTO ESTÁ SUJETO A LA LEY DE DERECHOS HUMANOS DEL ESTADO DE NUEVA YORK (LEY EJECUTIVA, ARTÍCULO 15)

**DISCRIMINATION BASED ON AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEXUAL ORIENTATION, MILITARY STATUS, SEX, DISABILITY, DOMESTIC VIOLENCE VICTIM STATUS, OR MARITAL STATUS IS PROHIBITED BY THE NEW YORK STATE HUMAN RIGHTS LAW IN:**

**LA DISCRIMINACIÓN BASADA EN EDAD, RAZA, CREDO, COLOR, NACIONALIDAD, ORIENTACIÓN SEXUAL, ESTADO MILITAR, SEXO, DISCAPACIDAD, ESTADO COMO VÍCTIMA DE VIOLENCIA DOMÉSTICA, O ESTADO CIVIL ESTÁ PROHIBIDA BAJO LA LEY DE DERECHOS HUMANOS DEL ESTADO DE NUEVA YORK EN:**

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

Also prohibited: discrimination in employment on the basis of Sabbath observance or religious practices, prior arrest or conviction record, predisposing genetic characteristics.

Reasonable accommodations for persons with disabilities 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.

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

Exceptions:

- (1) rental of an apartment in an owner-occupied two-family house
- (2) restrictions of all rooms in a housing accommodation to individuals of the same sex
- (3) rental of a room by the occupant of a house or apartment
- (4) sale, rental, or lease of accommodations of housing exclusively to persons 55 years of age or older, and the spouse of such persons

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

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

**ACTIVITIES OF REAL ESTATE BROKERS AND SALES PEOPLE**

Also prohibited: commercial boycotts and blockbusting

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

Exception:

Age is not a covered classification relative to public accommodations

Reasonable accommodations for persons with disabilities may also be required. (Effective January 1st, 2008.)

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

**EDUCATIONAL INSTITUTIONS: NON-SECTARIAN, TAX EXEMPT, PUBLIC AND PRIVATE**

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

If you wish to file a formal complaint with the Division of Human Rights, 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

**EL EMPLEO, POR PARTE DE EMPLEADORES CON UN PERSONAL DE CUATRO PERSONAS O MÁS, EN SINDICATOS Y PROGRAMAS DE ADIESTRAMIENTO Y CAPACITACIÓN**

También se prohíbe: La discriminación en el empleo basado en la observación del Sabat y otras prácticas religiosas, por previos arrestos o antecedentes criminales, por predisposición genética.

En casos de personas con discapacidades físicas se puede exigir que se le proporcionen ajustes necesarios y razonables. Un ajuste razonable es una modificación en el lugar o ambiente de trabajo que permita que una persona con discapacidades pueda desempeñar sus funciones de forma razonable.

**ALQUILER, CONTRATO DE ALQUILER, VENTA DE VIVIENDAS, TIERRAS O ESPACIOS COMERCIALES**

Excepciones:

- (1) el alquiler de un apartamento en una casa para dos familias en la que reside el propietario
- (2) la restricción de todas las habitaciones de una propiedad residencial para alojamiento de individuos del mismo sexo
- (3) el alquiler de una habitación por el ocupante de una casa o apartamento
- (4) la venta, alquiler, contrato de alquiler en viviendas para alojamiento exclusivo de personas de 55 años o más y sus respectivos esposos o esposas

También está prohibido: la discriminación en viviendas basada en la situación familiar (ejemplo: familias con niños)

También se puede exigir que se hagan ajustes razonables y modificaciones para las personas con discapacidades.

**ACTIVIDADES DE AGENTES Y VENEDORES DE BIENES RAÍCES**

Está prohibido: los boicots comerciales y la práctica de vender o alquilar viviendas a grupos étnicos minoritarios en barrios habitados predominantemente por blancos, con el propósito de depreciar las propiedades y hacer especulaciones. A esta práctica se le conoce en inglés como blockbusting.

**SITIOS PÚBLICOS, LUGARES PARA VACACIONAR O DE ENTRETENIMIENTO COMO RESTAURANTES, HOTELES, HOSPITALES, CLUBES Y CONSULTORIOS MÉDICOS**

Excepción:

La edad no es una de las categorías protegidas con respecto a los sitios públicos. Ajustes razonables para las personas con discapacidades también pueden ser requeridos. (Efectivo el 1ero de enero del 2008.)

**PUBLICIDAD Y SOLICITUDES RELACIONADAS A EMPLEOS, BIENES RAÍCES, SITIOS PÚBLICOS Y OPERACIONES DE CRÉDITO**

**INSTITUCIONES EDUCATIVAS: QUE NO SEAN RELIGIOSAS, LIBRES DE IMPUESTOS, PÚBLICAS Y PRIVADAS**

**TODAS LAS OPERACIONES DE CRÉDITO INCLUYENDO FINANCIAMIENTO DE COMPRA, MANTENIMIENTO O REPARACIONES DE VIVIENDAS**

Si desea presentar una querrela con la División de Derechos Humanos, debe hacerlo dentro de un plazo de un año después que el acto discriminatorio haya ocurrido. Los servicios que ofrece la División son gratuitos.

Si desea presentar una querrela ante la Corte Estatal tiene un plazo de hasta tres años después del incidente discriminatorio para hacerlo. No puede presentar su queja en ambos lugares, la División y la Corte Estatal.

**Está prohibido tomar represalias contra una persona porque haya presentado una querrela o por oponerse a conductas discriminatorias. Usted puede presentar una querrela ante la División si han tomado represalias en su contra.**

PARA MÁS INFORMACIÓN, ESCRIBA O LLAME A SU OFICINA DE LA DIVISIÓN MÁS CERCANA.  
SEDE: ONE FORDHAM PLAZA, 4TH FLOOR, BRONX, NY 10458

**LA DISCRIMINACIÓN REALMENTE HACE DAÑO.**  
**SI ES TESTIGO O VÍCTIMA DE ELLA, LLÁMENOS.**  
**ESTAMOS AQUÍ PARA SERVIRLES.**  
**(718) 741-8400 (888) 392-3644**  
**TTD (718)741-8300**



ESTADO DE NUEVA YORK  
DIVISIÓN DE  
**DERECHOS  
HUMANOS**  
WWW.DHR.NY.GOV

GOBERNADOR ANDREW M. CUOMO

**Insulator - Heat & Frost**

**07/01/2024**

**JOB DESCRIPTION** Insulator - Heat & Frost

**DISTRICT 7**

**ENTIRE COUNTIES**

Livingston, Monroe, Orleans, Steuben, Wayne, Yates

**PARTIAL COUNTIES**

Genesee: Only the Townships of Batavia, Bergen, Bethany, Byron, Elba, Leroy, Pavilion, Stafford, and the City of Batavia.

**WAGES**

Per hour: 07/01/2024

Asbestos Installer	\$ 37.26
Insulation Installer (On mechanical systems only)	37.26

**SUPPLEMENTAL BENEFITS**

Per hour:

Journeyworker	\$ 25.26
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**OVERTIME PAY**

See (B, E, \*Q) on OVERTIME PAGE

\*Triple time for Labor Day if worked.

**HOLIDAY**

Paid: See (1) on HOLIDAY PAGE

Overtime: See (5, 6) on HOLIDAY PAGE

NOTE: When a holiday falls on a Sunday, the following Monday shall be observed as the holiday. When a holiday falls on a Saturday, then the previous Friday shall be observed as the holiday.

**REGISTERED APPRENTICES**

WAGES: One (1) year terms at the following wage rates.

1st year	\$ 18.63
2nd year	22.36
3rd year	26.08
4th year	29.81
5th year	33.53

SUPPLEMENTAL BENEFITS per hour worked:

Appr. First 1000 Hours	\$ 12.67
Appr. Rest of 1st year	14.14
Appr. 2nd year	23.76
Appr. 3rd year	24.76
Appr. 4th year	24.76
Appr. 5th year	24.76

7-26

**Ironworker**

**07/01/2024**

**JOB DESCRIPTION** Ironworker

**DISTRICT 5**

**ENTIRE COUNTIES**

Chemung, Livingston, Monroe, Ontario, Yates

**PARTIAL COUNTIES**

Allegany: Only the Townships of Birdsall, Burns and Grove.

Genesee: Only the Townships of Batavia, Bergen, Bethany, Byron, Elba, LeRoy, Oakfield, Pavilion, Stafford.

Orleans: Only the Townships of Albion, Barre, Carlton, Clarendon, Gaines, Kendall, Murray, and Village of Holley.

Schuyler: Only the Townships of Dix, Orange, Reading and Tyron.

Steuben: Only the Townships of Addison, Avoca, Bath, Bradford, Cameron, Campbell, Caton, Cohocton, Corning, Dansville, Erwin, Hornby, Lindley, Prattsburg, Pulteney, Rathbone, Thurston, Tuscarora, Urbana, Wayland, Wayne, Wheeler, Woodhull.

Wayne: Only the Townships of Arcadia, Lyons, Macedon, Marion, Ontario, Palmyra, Sodus, Walworth, Williamson and Village of Newark.

Wyoming: Only the Townships of Castile, Covington, Middlebury, Perry.

**WAGES**

Per hour: 07/01/2024

Structural	\$ 33.75
Reinforcing	33.75
Ornamental	33.75
Fence Erector	33.75
Welder	33.75
Sheeter	34.00



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](mailto:dol.misclassified@labor.state.ny.us). All complaints of fraud and violations are taken seriously and you can remain anonymous.

**Employer Name:**



Department of Labor

# Unemployment Insurance Division

## Notice to Employees

Employer Registration Number

2-79 ER# 64-20888 0  
SOUTHERN TIER INSULATION INC  
3150 BUCKINGHAM RD  
ENDWELL NY 13760-5828

**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. Keep this form.**

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 (888) 209-8124 (translation services are available) or go to our website at [www.labor.ny.gov](http://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 (800) 662-1220 and requesting the operator call (888) 783-1370. Service at this number is provided only to callers using TDD equipment.

Roberta Reardon  
Commissioner

Stephen Geskey  
Director, Unemployment Insurance Division

**To Employer:** Post conspicuously in each workplace. For additional posters, write to:

NYS Department of Labor  
Liability and Determination Section  
Harriman State Office Campus  
Albany, NY 12240

IA 133 (05/18)

Equal Opportunity Employer/Program – Auxiliary aids and services are available upon request to individuals with disabilities.