

**DELAWARE WORKERS' COMPENSATION INSURANCE PROGRAM  
IMPORTANT NOTICE**

**POLICY HOLDERS NOTICE OF LOSS CONTROL SERVICES**

**In compliance with the Delaware Workers' Compensation Insurance plan, we provide for our policyholders a broad range of Loss Control Services. When requested, our Loss Control Department is prepared to provide, at no additional charge, the following services:**

1. Consultative services pertaining to the safety performance of your business and operations.
2. An appraisal of the various mechanical hazards, material handling methods, chemical and ergonomic exposures that may exist at your business.
3. Advice and assistance in the recognition, evaluation and control of occupational safety and health hazards.
4. Advice and assistance in coordinating and implementing employee safety and health programs.
5. Recommendations for corrective actions to address workplace hazards identified in conjunction with other services provided.
6. Assistance in developing a comprehensive safety and health program for your business, including the following elements:
  - Safety Policy
  - Safety Rules
  - Safety Inspections, both Regular and Periodic
  - Preventative Maintenance Programs
  - Safety and Health Training Programs
  - First Aid Programs
  - Accident Investigation Programs
  - Recordkeeping

**(Note: Our representatives are ethically and legally required to submit recommendations for discrepancies and deficiencies discovered in the course of their consultations with you. Mandatory compliance may be required. )**

**Contact Us**

If you wish to have the Loss Control Department provide any of these services for your business:

**Telephone:** (678) 258-8151

**Toll-Free:** 1-888-239-3909

(please ask for the Loss Control Department)

**e-mail:** [ARlosscontrol@amtrustgroup.com](mailto:ARlosscontrol@amtrustgroup.com)

**Or detach the coupon below and mail to:**

Amtrust North America

Attn. Gina Forstman

P.O. Box 5446

Cleveland, OH 44101-0446



Yes, we are interested in Loss Control Assistance.

**Company Name:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Person to Contact:** \_\_\_\_\_

**Position/Title:** \_\_\_\_\_

## **Workers' Compensation Quick Reference Guide**

Carrier: Technology Insurance Company

Claim Administrator: Amtrust North America  
P.O. Box 5446  
Cleveland, OH 44101-0446  
312-781-0401 Fax - 678-258-8399  
Toll Free: 888-239-3909

### **CONTACTS**

Claims Analyst: Joe Maldonado 888-239-3909 x 463016  
Policy Svcs/Loss Control: Gina Forstman 678-258-8105  
Customer Service: 877-882-1305

### **YOUR DUTIES UNDER THE WCIP**

1. Pay all premiums promptly and timely
2. Advise us or your agent of any material change in your corporate entity, location of business or a change in the nature of your business.
3. All claims must be reported timely.
4. Payroll and overtime records must be available at all times.
5. Allow reasonable access to your workplace for safety inspections during business hours.
6. Loss Control recommendations must be complied within specified time frames.

**Lack of cooperation in any of these areas could result in cancellation.**

### **YOUR RESPONSIBILITIES BEFORE & AFTER AN INJURY**

1. **Report all injuries immediately on the proper State Board forms.**
2. Emergency Situations:  
In case of emergency send the injured employee to the closest emergency facility.
3. Assist injured employees in getting appropriate medical care.

# Technology Insurance Company

## For Worker's Compensation Claims

### 24/7 Toll Free Claim Reporting for All States



(888)239-3909



[WorkersCompClaimReport@AmTrustgroup.com](mailto:WorkersCompClaimReport@AmTrustgroup.com)



[www.amtrustfinancial.com](http://www.amtrustfinancial.com)

When a work injury is reported to you, simply email the claim report to the email address stated above. The state law **requires the employer to timely and fully complete the State specific First Report of Injury form.** You must have the following information available when you complete the claim form:

#### Information Required for All Claims Reported



1. Name of employer (name as it appears on the policy is preferred).
2. Policy Number, if known.
3. Injured employees': Name, Address, Phone, Social Security Number, Date of Hire and Date of Birth.
4. Date, Time & Place of Incident
5. Description of accident or incident
6. Nature of Injury
7. Name & phone for initial medical provider, if known.
8. Wage Information



## HACEMOS MÁS SENCILLO...

### EL ABASTECIMIENTO DE LAS RECETAS MÉDICAS DEL PROGRAMA DE COMPENSACIÓN POR ACCIDENTES LABORALES.

Optum ha sido elegido para administrar los beneficios farmacéuticos de su programa de compensación por accidentes laborales para su empleador o su asegurador. Más adelante incluimos su tarjeta First Fill que le permitirá recibir las recetas médicas relacionadas con su lesión en su farmacia local. Llene esta tarjeta siguiendo las instrucciones que se indican a continuación.

#### Empleado lesionado:



Si necesita que se le abastezca su receta médica para una lesión o enfermedad relacionada con su trabajo, visite una farmacia de la red Optum Tmesys®. Entregue esta tarjeta temporal al farmacéutico. El farmacéutico abastecerá su receta médica bajo costo o sin costo alguno.



Si se acepta su reclamación del programa de compensación por accidentes laborales, recibirá una tarjeta permanente por correo. Use esa tarjeta para otras recetas médicas de lesiones o enfermedades relacionadas con su trabajo.




La mayoría de farmacias, incluyendo Walgreens, nuestro proveedor preferido, y todas las grandes cadenas de farmacias, forman parte de la red. Para encontrar una farmacia de la red, llame al 1-866-599-5426 o visite tmesys.com.

**¿Tiene alguna pregunta?  
¿Necesita ayuda?**



**1-866-599-5426**



**WORKERS' COMPENSATION PRESCRIPTION DRUG PROGRAM**

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AmTrust North America  
PORTADORA EMPLEADOR

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NOMBRE DEL TRABAJADOR LESIONADO

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Please provide directly to Pharmacist

NUMERO DE SEGURO SOCIAL FECHA DE LA LESION (AAMMDD)

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**Aviso para el titular de la tarjeta:** Presente esta tarjeta a la farmacia para recibir los medicamentos para la lesión relacionada con su trabajo. Para ubicar una farmacia, visite tmesys.com.

**Attention Pharmacists:** Enter RxBIN, RxPCN and GROUP. Member ID # format is the date of injury and SSN combined as follows: YYMMDD123456789.

Tmesys is the designated PBM for this patient.

**Tmesys Pharmacy Help Desk  
1-800-964-2531**

	NDC	or	Envoy
RxBIN	004261	or	002538
RxPCN	CAL	or	Envoy Acct. #
GROUP	FF		

**NOTA:** Esta tarjeta First Fill solo es válida para una lesión o enfermedad cubierta por su programa de compensación por accidentes laborales.



#### Empleador:

Inmediatamente después de recibir un aviso sobre una lesión, llene la información antes indicada y entregue este formulario al empleado.

# RETURN-TO-WORK; A GREAT IDEA

We at the AmTrust Group, are convinced that an employer who provides light, or restricted work for injured employees, enjoys numerous benefits. This is not just an opinion, it's something we see day in and day out. Consider:

- Unless an injured worker returns to the workplace within 60 days, chances of him/her ever returning drop dramatically. (resulting in a very expensive permanent disability situation.)
- After 6 months away from the workplace, only 50% chance of return.
- After 12 months, only a 10% chance of return.

## **Some Return-to Work Benefits Include:**

- "Test" of malingering potential. Injured employees who refuse light duty are more prone to being malingerers.
- Opportunity for employer to demonstrate true concern for workers' well-being.
- Promotion of rehabilitation and recovery.
- Lower medical and rehabilitation costs.
- Productivity.
- Morale improvement for the injured worker.
- Ability for the employer to monitor the injured employee's recovery progress.
- Decrease of WC claims costs, with resultant downstream WC premium savings.

*(Notice we're not just talking about 'feel-good' issues, but also hard dollars !)*

## **Some common misconceptions (and truths) about Return-to-Work / Light Duty:**

**Misconception:** *We've already got too many "programs" around here, and don't need any more paper.*

**Truth:** While it is true a written, planned program works best, in many cases a Light Duty "program" can be nothing more than a management understanding of the benefits and principles of Return-to-Work, how it works, and the commitment to 'just do it', when light-duty recommendations are made by WC physicians.

**Misconception:** *It will get me into an Americans With Disabilities (ADA) "situation".*

**Truth:** Light-duty and ADA "reasonable accommodation" are two entirely separate issues. Generally, light duty is a temporary assignment, for a relatively short period. ADA accommodations are made for serious, permanent disabilities that impair major life activities.

**Misconception:** *I'll have to devise a whole new job each time an employee needs light duty.*

**Truth:** The vast majority of light-duty restrictions require accommodating only one or two factors, such as "no lifting over 10 pounds", or the like. In many cases, if you break the jobs down into individual **tasks**, you'll see that only one or two tasks within the employee's normal job are affected, and can be handled in some other way.

**Misconception:** *Once an employee gets into a "cushy" light-duty job, s/he'll never leave it, and I'll be stuck with it.*

**Truth:** Light duty is always defined by, and monitored by the attending physician. An employee on light duty is periodically monitored by the physician for improvement, and is released for full-duty as soon as medically indicated.

**Misconception:** *We're a union company. Our union won't allow us to pay lower rates, or move employees between classifications, or between bargaining groups.*

**Truth:** Any Local that objects to a Return-to-Work program should be referred to its national body for guidance. Return to Work is universally recognized as a very positive influence on an injured worker (as well as benefiting the employer). Labor unions, whose major purpose for existence is the benefit of the workers they represent, should not only "tolerate" Return-to-Work programs, but enthusiastically promote, and assist in such programs' implementation and operation. It is strongly suggested that management approach labor representatives to solicit their input, and assistance in making Return to Work a positive force in your workplace.

**Misconception:** *I might be willing to place a worker in a light-duty position, but I can't afford pay them their full pay, for the decreased productivity.*

**Truth:** Talk to your WC insurer's claims professional. In many cases, states' WC plans provide for "make-up" pay to replace some, or all of the injured employees' decreased earnings. The goal of getting them back to the workplace, and doing some productive work is that important!

## **YOUR BUSINESS AND UNINSURED SUBCONTRACTORS**

Many otherwise knowledgeable business owners utilize uninsured subcontractors for various services; unaware of the risks they are incurring for their businesses. An uninsured subcontractor is typically a business that does not provide workers compensation insurance for its employees. This may be because the business is a “one-man shop”, and believes he wants to personally assume the risk of financial loss in the event of injury; in other cases it may be ignorance of the law; or an effort to avoid the cost of workers’ compensation insurance. Uninsured subcontractors often appear as construction tradespeople, service firms (especially small operators), and others.

In truth, there are no uninsured subcontractors. When an “uninsured subcontractor” employee, (including a one-man business) is injured while working on your behalf, the courts have repeatedly held that it is in the public interest that you, the beneficiary of the sub’s work, provide workers’ compensation coverage for these “uninsured employees.” You cannot opt out of this duty. No one can sign a document of any kind and relieve you of this responsibility. You are carrying these employees on your workers’ compensation policy whether you want to or not, whether you even realize it or not. Because of this “involuntary coverage”, when an insurance company auditor finds payment to uninsured subcontractors, he will treat this payment as your payroll, and you will receive a bill for additional premium. With high-hazard occupations, such as steel erectors, roofers, and others, you may be shocked to find that one or two uninsured subs have more than doubled your workers compensation premium! Some businesses, aware of this problem, use “hold-backs”, “retainages” or “backcharges” of a set percentage of job cost, often 10% or 15% to try and offset the additional premiums they know they’ll have to pay for using uninsured subcontractors. The problem with this is that each of the trades carries different rates, according to the relative hazard of the trade. Rates are expressed in dollars per hundred dollars of payroll, so there’s an easy-to-see correlation in percentages. Rates not only vary by trade, but they can fluctuate from state-to-state, they can vary according to the rate filings of different companies, and they go up and down according to actuarial loss experience. Trying to obtain and keep up with this many rates is a time-consuming and unproductive task, well beyond the capabilities of most businesses.

You’re probably aware that safety pays, and you make certain efforts to be sure your direct employees do not take unnecessary risks, do not work with unnecessarily dangerous or broken tools and equipment, and are protected from toxic materials. But a subcontractor might not take these precautions. And if his carelessness leads to employee injury, your claim history will be damaged.

## **RECOMMENDATIONS—**

- 1.) Avoid using any uninsured subs, but especially high-hazard occupations such as roofing, carpenters, and painters. It is false economy to use uninsured businessmen who seem to offer lower costs. They may be operating outside the law, and in fact, are transferring the costs of their risk, and potential economic devastation, to you.
- 2.) Obtain current certificates of workers compensation (and other applicable coverage) from the sub's insurance agent or insurance carrier. Implement a hard and fast rule—"No insurance certificate—no check on Friday".
- 3.) You can easily keep copies of all certificates in a notebook, and check the expiration dates before giving work to a particular subcontractor. Copies of all certificates should be retained.

### **YOUR INSURANCE AUDIT –**

At the end of your policy period, we will conduct an audit. In addition to tax documents, the auditor will ask for documentation of all wages paid to both employees and subcontractors. The auditor will also ask to see the certificates of insurance for each insured subcontractor. If you have a valid certificate that covers the time period that your sub was paid, this payment will not be charged to your work comp policy.

The auditor will ask for the first and last date that each sub was paid during your policy period. We are looking for the time range that each subcontractor was paid, so that we can ensure that this subcontractor had his own coverage during the time he worked for you.

If you take time throughout the year to request certificates and organize them, you will find it very beneficial at the time of audit.



**ALL COPIES OF THIS FIRST REPORT MUST BE TYPED OR PRINTED**

Department of Labor  
Office of Workers' Compensation (OWC)  
4425 N. Market Street  
Wilmington, DE 19802  
Telephone 302-761-8200

**STATE OF DELAWARE  
FIRST REPORT  
OF OCCUPATIONAL INJURY OR DISEASE**

\_\_\_\_\_  
OWC Case File No.

**ALL INFORMATION IS REQUIRED, unless not applicable where "if applicable" is noted.**

<b>1. EMPLOYEE:</b> FIRST MIDDLE LAST			<b>2. EMPLOYEE SOCIAL SECURITY NO.</b>		
<b>3. ADDRESS – INCLUDE COUNTY AND ZIP CODE</b>			<b>4.</b> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	<b>5. EMPLOYEE PHONE NUMBER</b> (INCLUDING AREA CODE)	
<b>6. DATE OF BIRTH</b> / /	<b>7. AGE</b>	<b>8. WAGE</b>	<b>9. WEEKLY HOURS WORKED</b>		
<b>10. OCCUPATION (REGULAR)</b>		<b>11. DEPARTMENT OR DIVISION REGULARLY EMPLOYED</b>		<b>12. HOW LONG EMPLOYED</b>	
<b>13. EMPLOYER:</b>			<b>14. PERSON MAKING OUT THIS REPORT</b>		
<b>15. ADDRESS – INCLUDE COUNTY AND ZIP CODE</b>			<b>16. EMPLOYER PHONE # (INCLUDE AREA CODE)</b>		
<b>17. MAILING ADDRESS – IF DIFFERENT THAN ABOVE</b>			<b>18. NATURE OF BUSINESS – TYPE OF MFG., TRADE, CONSTRUCTION, SERVICE, ETC.</b>		
<b>19. WORKERS' COMPENSATION INSURANCE CARRIER</b>			<b>20. WORKERS' COMP. INS. CARRIER PHONE #, (INCLUDING AREA CODE)</b>		
<b>21. WORKERS' COMP. INSURANCE CARRIER ADDRESS</b>			<b>22. POLICY NUMBER / CARRIER CASE NUMBER:</b> /		
<b>23. THIRD PARTY ADMINISTRATOR (TPA), IF APPLICABLE</b>		<b>24. TPA ADDRESS – INCLUDE CITY STATE AND ZIPCODE</b>			
<b>DATES:</b>		<b>27. NORMAL STARTING TIME</b> <input type="checkbox"/> AM <input type="checkbox"/> PM		<b>28. IF EMPLOYEE BACK TO WORK GIVE DATE</b> / /	
<b>25. DATE OF REPORT</b> / /	<b>26. DATE OF INJURY</b> / /		<b>29. AT SAME WAGE?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>		<b>30. IF FATAL INJURY, GIVE DATE OF DEATH</b> / /
<b>31. DATE EMPLOYER KNEW OF INJURY</b> / /		<b>32. DATE DISABILITY BEGAN</b> / /		<b>33. LAST FULL DAY PAID-DATE</b> / /	
<b>INJURY OR DISEASE:</b>					
<b>34. DESCRIBE THE INJURY/ILLNESS AND PART OF BODY AFFECTED.</b>					
<b>35. SPECIFY THE DEPARTMENT WHERE INCIDENT OCCURRED AND THE WORK PROCESS INVOLVED.</b>					
<b>OCCURRENCE:</b>					
<b>36. LIST THE EQUIPMENT, MATERIALS, AND CHEMICALS EMPLOYEE USED WHEN THE INCIDENT OCCURRED, E.G. ACETYLENE.</b>					
<b>37. DESCRIBE THE EMPLOYEE'S ACTIVITY AT THE TIME OF INJURY OR ILLNESS, E.G. LIFTING A PATIENT.</b>					
<b>38. DESCRIBE HOW THE INJURY/ILLNESS OCCURRED.</b>					
<b>39. NAME OF PHYSICIAN (IF APPLICABLE)</b>			<b>40. PHYSICIAN'S ADDRESS</b>		
<b>41. HOSPITAL (IF APPLICABLE)</b>			<b>42. HOSPITAL ADDRESS</b>		

**DISTRIBUTION OF THIS REPORT (1 original and 3 copies)**

- 1. ORIGINAL MUST BE SENT IMMEDIATELY TO THE WORKERS' COMPENSATION INSURANCE CARRIER.**
- 2. COPY TO THE OFFICE OF WORKERS' COMPENSATION (use the address at the top left of this form)**
- 3. EMPLOYER'S COPY – RETAIN AS RECORD**
- 4. EMPLOYEE'S COPY**

# WORKERS' COMPENSATION

## IMPORTANT THINGS TO DO IN CASE OF INJURY

### ***THE EMPLOYER SHOULD:***

1. Provide all necessary medical, surgical and hospital treatment from the date of accident.
2. Every employer shall keep a record of all injuries received by employees and make a report within 10 days thereof in writing to the Office of Workers' Compensation
3. Ascertain the average weekly wages of the employee and provide compensation in accordance with the provisions of the law, for disability *beyond the third day* after the accident. All agreements as to compensation must be submitted to the Office of Workers' Compensation for approval.

### ***THE EMPLOYEE SHOULD:***

1. Immediately notify the employer in writing of accidental injury or occupational disease and request medical services. Failure to give notice or to accept medical services may deprive the employee of the right to compensation.
2. Give promptly to the employer, directly or through a supervisor, notice of any claim for compensation for the period of disability beyond the third day after the accident. In case of fatal injuries, notice must be given by one or more dependents of the deceased or by a person on their behalf.
3. In case of failure to reach an agreement with the employer in regard to compensation under the law, file application with the Industrial Accident Board for a hearing on the matters at issue within two years of the date of accidental injury or one year of knowledge of the diagnosis of an occupational disease or an ionizing radiation injury. All forms can be obtained from the Office of Workers' Compensation.



Georgetown American Job Center  
8 Georgetown Plaza, Suite 2  
Georgetown, DE 19947  
(302) 856-5230

Delaware Department of Labor  
Division of Industrial Affairs

## PAYMENT OF WAGES

### EMPLOYERS OF FOUR (4) OR MORE EMPLOYEES ARE REQUIRED TO:

- **Notify employees in writing at the time of hire:**
  1. Rate of Pay
  2. Day, hour and place of payment
  3. Employer's fringe benefits policies
- Notify employees in writing of any reductions in the rate of pay, and any changes in the day, hour or place of payment or benefits.
- **Furnish each employee with a pay statement showing:**
  1. Amount of wages due;
  2. Pay period covered by the payment;
  3. Amounts of deductions (separately specified) which have been made from the wages;
  4. Total number of hours worked in pay period (for employees who are paid at an hourly rate).

### PAYMENT OF WAGES

- Wages must be paid at least once each month.
- Employees must be paid all wages within seven (7) days from the close of each pay period [with some exceptions, see §1102(b)].
- If the payday falls on a non-work day, payment shall be made on the preceding work day.
- If an employee is not present on the regular payday, payment shall be made on the next regular workday that the employee is present or by mail (only if requested by the employee).
- Wages may be paid to a bank account designated by an employee (upon the employee's written request).
- Wages may be paid in cash or by check (provided that suitable arrangements are made by the employer for cashing at a bank or other business establishment convenient to the workplace).
- Whenever an employee quits, resigns, is discharged, suspended or laid off, the wages earned shall be paid on the next regularly scheduled payday(s) either through the usual pay channels or by mail (if requested by the employee) as if employment had not been suspended or terminated.

### UNLAWFUL DEDUCTIONS

Employers are not permitted to deduct or withhold wages for:

1. Cash or inventory shortages;
2. Cash advances or charges for goods and services (unless there is a signed agreement specifying the amount owed and the repayment schedule);
3. Damaged Property
4. Failure to return employer's property.

## MINIMUM WAGE

**Regular Rate:**

effective: 06-01-15 - \$8.25/hour  
effective: 01-01-19 - \$8.75/hour  
effective: 10-01-19 - \$9.25/hour

**Youth Rate: (Ages 14-17) and  
Training Rate: (adults, 1st 90 days on  
the job)**

effective: 01-01-19 - \$8.25/hour  
effective: 10-01-19 - \$8.75/hour

## MINIMUM WAGE (continued)

### EMPLOYEES WHO RECEIVE TIPS

The minimum cash wage payable to employees who receive tips is \$2.23 per hour, effective 10/1/96.

The employer must be able to prove that the employee received the balance of the full minimum rate in tips.

**NOTE:** Delaware's minimum cash wage for tipped employees is greater than the cash wage required by federal law. Employers must pay Delaware's higher rate.

Tips may not be taken or retained by an employer except as required by law. Tip-pooling is permitted (under certain conditions) in an amount not to exceed 15% of the actual tips received by the employee.

### MINIMUM WAGE EXEMPTIONS:

- Employees in agriculture.
- Employees in domestic service in or about private homes.
- Employees of the United States Government.
- Outside commission paid salespeople.
- Bona fide executives, administrators, and professionals.
- Employees engaged in fishing and fish processing at sea.
- Volunteer workers (for educational, religious or non-profit organizations).
- Junior camp counselors employed by non-profit summer camp programs.

### RECORD KEEPING REQUIREMENTS:

**Employers must keep records (including rate of pay, hours worked, and amount paid for each employee for three (3) years.**

## BREAKS

**All employees must be offered a meal break of at least 30 consecutive minutes if the employee is scheduled to work 7.5 or more hours per day.**

Must be after the first 2 hours of work and before the last 2 hours of work.

**This rule does not apply when:**

- The employee is a professional employee certified by the State Board of Education and employed by a local school board to work directly with children.
- There is a collective bargaining agreement or other employer-employee written agreement which provides otherwise.

**Rules have been issued granting exemptions when:**

- Compliance would adversely affect public safety.
- Only one (1) employee may perform the duties of a position.
- An employer has fewer than five (5) employees on a shift at one location (the exception would only apply to that shift).
- The continuous nature of an employer's operations, such as chemical production or research experiments, requires employees to respond to urgent or unusual conditions at all times and the employees are compensated for their meal breaks.

**Where exemptions are allowed, employees must be allowed to eat meals at their work stations or other authorized locations and use restroom facilities as reasonably necessary.**

## DISCRIMINATION

Employers are prohibited by state law from discriminating against employees because of their RACE; COLOR; NATIONAL ORIGIN; SEX (INCLUDING PREGNANCY); RELIGION; DISABILITY; AGE (40+); GENETIC INFORMATION; SEXUAL ORIENTATION; GENDER IDENTITY; MARITAL STATUS; MEMBERSHIP IN VOLUNTEER EMERGENCY RESPONDER ORGANIZATION (VOLUNTEER FIREFIGHTERS, AMBULANCE PERSONNEL, LADIES AUXILIARY); VICTIM OF DOMESTIC VIOLENCE, SEXUAL ASSAULT, OR STALKING; FAMILY CARE RESPONSIBILITIES; REPRODUCTIVE HEALTH DECISIONS; and RETALIATION FOR INITIATING A COMPLAINT OF EMPLOYMENT DISCRIMINATION, OR OPPOSING OR PARTICIPATING IN THE INVESTIGATION OF A DISCRIMINATORY EMPLOYMENT PRACTICE. Employers of four (4) or more employees, labor organizations, employment agencies and joint labor management committees for apprenticeship or training are covered by this law.

**SEXUAL HARASSMENT:** Sexual harassment of employees, applicants, apprentices, staffing agency workers, unpaid interns, and independent contractors is unlawful. Sexual harassment can be unwelcome sexual advances, requests for sexual favor, or other verbal or physical conduct of a sexual nature when (1) the employee is expected to submit to such conduct; or (2) the employee's submission to or rejection of such conduct is used as the basis for employment decisions; or (3) such conduct has the effect of unreasonably interfering with the employee's work performance or creating an intimidating, hostile, or offensive working environment. If the harassment is by a supervisor, the employer may be responsible even if the employee has not complained. If the harassment is by a fellow worker or non-employee, employers are responsible if the employee complained to the employer and the employer has taken no action to stop or correct the sexual harassment. Effective January 1, 2019, employers must distribute the Department of Labor Sexual Harassment Informational worksheet to all employees. Employers with 50 or more employees must provide interactive sexual harassment training to all new employees, and every two years after.

**DISABILITY:** Employers are prohibited by state law from discriminating against any employee because of disability. State law requires the employment and advancement of qualified individuals with a disability who, with or without reasonable accommodation, can perform the essential functions of a job.

**PREGNANCY:** Employers must provide reasonable accommodations to employees with respect to pregnancy, childbirth, lactation and related conditions. Employers may not deny job applicants a position based on the need for a pregnancy-related workplace accommodation, make unnecessary changes to a pregnant employee's job functions or require a pregnant employee to take paid or unpaid leave when a reasonable accommodation would permit the employee to continue working.

**ANY PERSON:** who believes he or she has been discriminated against should contact the Delaware Department of Labor, Office of Anti-Discrimination at (302) 761-8200.

**A Charge of Discrimination must be filed within 300 days of the alleged unlawful employment practice.**

## CHILD LABOR

### General Provisions:

- The minimum age for employment is 14.
- Work Permits are required for all employed minors under the age of 18.
- Employers are required to keep Work Permits on file for each employed minor.
- A new Work Permit is required when a minor changes employers.

It is unlawful to retaliate against an employee because (s)he has made a complaint or given information to the Dept of Labor about possible labor law violations.

EMPLOYERS ARE REQUIRED BY LAW TO DISPLAY THIS OFFICIAL POSTER IN A PLACE ACCESSIBLE TO EMPLOYEES AND WHERE THEY REGULARLY PASS.

Violations of Delaware Labor Laws could result in fines of up to \$10,000 per violation.

## CHILD LABOR (continued)

### Provisions for Individuals 14 and 15 Years of Age:

#### MINORS 14-15 YEARS OF AGE SHALL NOT WORK:

- Before 7:00 a.m. or after 7:00 p.m. - except from June 1st through Labor Day when the evening hour shall be extended to 9:00 p.m.
- More than four (4) hours per day on school days
- More than eight (8) hours per day on non-school days
- More than eighteen (18) hours in any week when school is in session for five (5) days
- More than six (6) days in any week
- More than forty (40) hours per week; and
- More than five (5) hours continuously without a non-work period of at least thirty (30) consecutive minutes.

### Specific Provisions for Individuals 16 and 17 Years of Age:

- Not more than twelve (12) hours in a combination of school and work hours per day
- Must have at least eight (8) consecutive hours of non-work, non-school time in each twenty-four (24) hour period
- May not work more than five (5) hours continuously without a non-work period of at least thirty (30) consecutive minutes.

For a list of Prohibited Occupations, contact:

**The Delaware Department of Labor, Division of Industrial Affairs, Office of Labor Law Enforcement at any of the addresses listed.**

This poster provides only general information regarding the provisions of Delaware's Child Labor Laws. The requirements of state law do not affect an employer's obligation to comply with any provisions of federal law.

## WORKERS COMPENSATION

### IMPORTANT THINGS TO DO IN CASE OF INJURY

#### THE EMPLOYER SHOULD:

Carry Workers' Compensation insurance coverage. Provide all necessary medical, surgical, and hospital treatment from the accident date. Every employer shall keep a record of all injuries received by employees and make a report within ten (10) days thereof in writing to the Office of Workers' Compensation. Ascertain the average weekly wages of the employee and provide compensation in accordance with the provisions of the law, for disability beyond the third day after the accident. All agreements as to compensation must be submitted to the Office of Workers' Compensation for approval.

#### THE EMPLOYEE SHOULD:

Immediately notify the employer in writing of accidental injury or occupational disease and request medical services. Failure to give notice or to accept medical services may deprive the employee of the right to compensation. Give promptly to the employer, directly or through a supervisor, notice of any claim for compensation for the period of disability beyond the third day after the accident. In case of fatal injuries, notice must be given by one or more dependents of the deceased or by a person on their behalf. In case of failure to reach an agreement with the employer in regard to compensation under the law, file an application with the Industrial Accident Board for a hearing on the matters at issue within two (2) years of the date of accidental injury or one (1) year of knowledge of a diagnosis of an occupational disease or an ionizing radiation injury. All forms can be obtained from the Office of Workers' Compensation.