Kansas State Postings

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KANSAS

Workers Compensation Rights and Responsibilities

This notice must be posted and maintained by the employer in one or more conspicuous places.

Your employer is subject to the Kansas Workers Compensation Law which provides compensation for job-related injuries.

This notice applies to dates of accidents on or after July 1, 2024.
Este aviso aplica a las fechas de los accidentes a partir de Julio 1, 2024.

WHAT TO DO IF AN INJURY OCCURS ON THE JOB

NOTIFY YOUR EMPLOYER IMMEDIATELY.
Per K.S.A. 44-520, a claim may be denied if an employee fails to notify their employer within the earliest of the following dates: (A) **30 calendar days** from the date of accident or the date of injury by repetitive trauma; (B) if the employee no longer works for the employer against whom benefits are being sought, **20 calendar days** after the employee's last day of actual work for the employer.

Notice may be given orally or in writing. Where notice is provided orally, if the employer has designated an individual or department to whom notice must be given and such designation has been communicated in writing to the employee, notice to any other individual or department shall be insufficient under this section. If the employer has not designated an individual or department to whom notice must be given, notice must be provided to a supervisor or manager.

Where notice is provided in writing, notice must be sent to a supervisor or manager at the employee's principal location of employment.

The notice, whether provided orally or in writing, shall include the time, date, place, person injured and particulars of such injury. It must be apparent from the content of the notice that the employee is claiming benefits under the workers compensation act or has suffered a work-related injury.

BENEFITS. Benefits are paid by the employer's insurance carrier or self insurance program. Benefits include medical treatment, partial wage replacement for lost time and additional benefits if the injury results in permanent disability. An employer is required to furnish all necessary medical treatment and has the right to designate the treating physician. If the employee seeks treatment from a doctor not authorized by the employer, the employer or its insurance carrier is only liable up to $800.00 dollars for the unauthorized medical treatment.

QUE HACER SI UNA LESIÓN OCURRE EN EL TRABAJO

NOTIFIQUE A SU EMPLEADOR INMEDIATAMENTE. De acuerdo con el artículo de ley K.S.A. 44-520, un reclamo puede ser negado si el empleado no notifica a su empleador dentro del antes de las siguientes fechas: (A) **30 días** a partir de la fecha del accidente o la fecha de la lesión debido a trauma por movimientos repetitivos; (B) si el empleado está trabajando con el empleador en contra del cu si el empleado ya no trabaja para el empleador en contra del cual se están buscando beneficios, **20 días** después del último día de trabajo para dicho empleador.

El aviso puede darse oralmente o por escrito. Donde el aviso se da oralmente, si el empleador ha designado un individuo o departamento a quien el aviso se debe dar y tal designación ha sido comunicada por escrito al empleado, aviso a cualquier otro individuo o departamento deberá ser insuficiente bajo esta sección. Si el empleador no ha designado a un individuo o departamento a quien se debe dar el aviso, el aviso puede darse a un supervisor o gerente.

Donde el aviso se hace por escrito, el aviso debe ser enviado a un supervisor o gerente de la oficina principal de empleo del trabajador.

El aviso, sea que se haga oralmente o por escrito, debe incluir la hora, fecha, lugar, persona lesionada y detalles de tal lesión. Debe ser visible a partir del contenido del aviso, que el empleado está reclamando beneficios bajo la ley de compensación del trabajador o que ha sufrido una lesión relacionada con el trabajo.

BENEFICIOS. Los beneficios son pagados por la compañía aseguradora del empleador o programa de seguro propio. Los beneficios incluyen tratamiento médico, reemplazo de sueldo parcial por tiempo perdido y beneficios adicionales si la lesión resulta en incapacidad permanente. El empleador debe proporcionar todo el tratamiento médico necesario y tiene el derecho de designar el doctor para dicho tratamiento. Si el empleado busca tratamiento con un doctor que no ha sido autorizado por el empleador, el empleador o su compañía aseguradora serán responsables de pagar solamente los primeros $800.00 dólares para tratamiento médico no autorizado.

WHERE TO GET HELP WITH YOUR CLAIM (DÓNDE CONSEGUIR AYUDA CON SU RECLAMO):

Employer's Insurance Carrier (Compañía Aseguradora del Empleador) _____ Telephone (Teléfono de la Aseguradora) _____

Address (Dirección de la Aseguradora) _____

For questions about Workers Compensation Law, contact (Para preguntas acerca de la Ley de Compensación del Trabajador):

KANSAS DEPARTMENT OF LABOR
Workers Compensation Division/Ombudsman
401 SW Topeka Blvd., Suite 2,
Topeka, KS 66603-3105

Website: dol.ks.gov/workers-compensation/overview
Email: KDOL.wc@ks.gov
Phone: (800) 332-0353 or (785) 296-4000

Persons with impaired hearing or speech utilizing a telecommunications device may access the above number(s) by using the Kansas Relay Center at (800) 766-3777.

Kansas Department of Labor • 401 SW Topeka Blvd, Topeka, KS 66603 • www.dol.ks.gov • (10-24)

Kansas Law Provides

Equal opportunity in employment without regard to race, religion, color, sex, disability, national origin, ancestry, or age.

Genetic testing and screening is also prohibited.

Sex includes LGBTQ+, all derivatives of sex, and pregnancy.

Age is 40 or more years.

If you have suffered discrimination in recruitment, hiring, placement, promotion, transfer, training, compensation, layoff, or termination contact...

KANSAS HUMAN RIGHTS COMMISSION AREA OFFICES:

MAIN OFFICE TOPEKA:
900 S.W. JACKSON
SUITE 568-SOUTH
TOPEKA, KANSAS 66612-1258
Voice (785) 296-3206
Fax (785) 296-0589
TTY (785) 296-0245
Toll-Free (888) 793-6874
E-mail khrc@ks.gov

DODGE CITY OFFICE:
MILITARY PLAZA OFFICES
SUITE 220
100 MILITARY PLAZA
DODGE CITY, KS 67801-4945
Voice (620) 371-5681
Fax (620) 371-5682

WICHITA OFFICE:
300 W. DOUGLAS
SUITE 220
WICHITA, KS 67202
Voice (316) 337-6270
Fax (316) 337-7376

Unemployment Insurance Notice for Workers
El Seguro de Desempleo Aviso Para el Trabajador

Unemployment Insurance (UI) is a program that provides temporary financial assistance to workers who have lost their jobs through no fault of their own. Funding for UI Benefits comes from taxes paid by employers.

El Seguro de Desempleo es un programa que proporciona asistencia financiera temporal a los trabajadores que han perdido sus empleos por causas ajenas a su voluntad. Los fondos para los beneficios del seguro de desempleo provienen de los impuestos pagados por los empleadores.

Qualifications

You must be **able to work, available for work** and **seeking suitable employment** to be eligible for Unemployment Insurance benefits. You must also have adequate work history and meet wage requirements.

UI benefits are intended to replace some of the income you lost to assist with basic needs until you find new work. You must also comply with weekly job search requirements, and participate in reemployment service activities to receive benefits.

Filing a Claim

Create an account at KansasUI.gov to file a claim. Submit a weekly certification for each week you're not working full time. Log in to your account to check your eligibility status. For assistance, call the contact center.

Apply at KansasUI.gov

KDOL Contact Center
785-575-1460
Toll Free: 800-292-6333

Monday - Wednesday & Friday: 8 a.m. - 4 p.m.
Thursday: 8 a.m. - 3:15 p.m.
Closed state holidays

Calificaciones

Debe ser **capaz de trabajar, estar disponible para trabajar** y **buscar un empleo adecuado** para ser elegible para los beneficios del Seguro de Desempleo. También debe tener un historial laboral adecuado y cumplir con los requisitos salariales.

Los beneficios del UI están destinados a reemplazar algunos de los ingresos que perdió y retenerlo hasta que encuentre un nuevo trabajo. También debe cumplir con los requisitos de búsqueda de empleo semanal y participar en actividades de servicio de reempleo para recibir beneficios.

Presentación de una reclamación

Crear una cuenta en KansasUI.gov para presentar su reclamo. Envíe una certificación semanal por cada semana que no trabaje tiempo completo. Inicie sesión en su cuenta para verificar su estado de elegibilidad. Para obtener ayuda, llame al centro de contacto.

Aplicar en KansasUI.gov

KDOL Centro de Contacto
785-575-1460
Número gratuito: 800-292-6333

lunes - miércoles & viernes: 8 a.m. - 4 p.m.
jueves: 8 a.m. - 3:15 p.m.
Días festivos estatales cerrados

Kansas Department of Labor • 401 SW Topeka Blvd, Topeka, KS 66603 • dol.ks.gov • (12-24)

Child Labor Laws Notice
Kansas Hour Restrictions

This poster is only required to be displayed if you employ youth under 18 years of age and are NOT covered under the federal Fair Labor Standards Act (FLSA). Employers not covered by the FLSA are required to follow Kansas child labor laws. If you have a question as to which law (federal or state) applies, contact the Federal Wage and Hour office. **Most employers are covered by the FLSA and follow federal child labor laws.**

There are no hour restrictions for minors ages 16 and 17.

Hour Restrictions for minors ages 14 and 15:

May not work before	May not work after	Maximum Hours
7 a.m.	10 p.m. (except on nights that do not precede a school day)	8 hours per day 40 hours per week

Hazardous Occupations

No child under 18 can be employed in any occupation declared hazardous by the U.S. Secretary of Labor. Limited exemptions apply. For more info, visit dol.gov/agencies/whd/child-labor

FEDERAL

For information on federal laws and guidelines, contact:

U.S. Department of Labor Office
Wage and Hour Division Gateway Tower II
400 State Ave., Suite 1010
Kansas City, KS 66101

(913) 551-5721
Toll Free (866) 487-9243
dol.gov/agencies/whd/fisa

STATE

For information or answers regarding Kansas state law, contact:

Kansas Department of Labor
Employment Standards
401 SW Topeka Blvd.
Topeka, KS 66603-3182

(785) 296-5000, opt. 5
dol.ks.gov

Kansas Department of Labor
401 SW Topeka Blvd, Topeka, KS 66603 • www.dol.ks.gov • (10-24)

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Employers:
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www.adp.com

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