J. J. Keller & Associates, Inc.®
Since 1953

KANSAS Labor Laws

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 Ins.

Department of Labor

Notice to Workers About Unemployment Insurance

Our organization participates in the Kansas Unemployment Insurance Program.
Should you become unemployed, you can learn about unemployment benefits and apply online at www.GetKansasBenefits.gov.

If you are unable to apply online, you can apply for benefits by calling the Kansas Unemployment Contact Center.

Kansas Unemployment Contact Center

Kansas City Area.....(913) 596-3500
Topeka Area.....(785) 575-1460
Wichita Area.....(316) 383-9947
Toll free outside these areas.....(800) 292-6333
Speech and/or hearing disabled Kansans can access the Kansas Relay Center by calling toll free.....(800) 766-3777

Claims specialists are available Monday through Friday from 8 a.m. until 4 p.m., except on state holidays.

The Kansas Unemployment Insurance Program is administered by:

KANSAS DEPARTMENT OF LABOR
401 SW Topeka Blvd. Topeka, KS 66603-3182

Aviso Para el Trabajador Sobre EL SEGURO DE DESEMPLEO

Nuestra organización participa en el programa del Seguro de Desempleo de Kansas .
Si acaso llega ser desempleado puede aprender mas sobre los beneficios de desempleo y aplicar en www.GetKansasBenefits.gov.

Si no puede aplicar por la Internet, usted puede aplicar por beneficios de desempleo al llamar al Centro de Contacto de Desempleo de Kansas.

Centro de Contacto de Desempleo de Kansas

Área de Kansas City.....(913) 596-3500
Área de Topeka.....(785) 575-1460
Área de Wichita.....(316) 383-9947
Si vive fuera de las áreas de llamadas.....(800) 292-6333
Para ayuda con el habla y el audio llame al Kansas Relay Center.....(800) 766-3777

Disponibilidad de Especialistas de Reclamo lunes – viernes 8 a.m. – 4 p.m.
La oficina esta cerrada durante los días festivos reconocidos por el estado de Kansas.

El programa de Seguro de Desempleo de Kansas es administrado por:

KANSAS DEPARTMENT OF LABOR
401 SW Topeka Blvd. Topeka, KS 66603-3182

K-CNS 405

REV. 11/2021

Workers' Comp.

Department of Labor

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 April 25, 2013.
Este aviso aplica a las fechas de los accidentes a partir de Abril 25, 2013.

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) **20 calendar days** from the date of accident or the date of injury by repetitive trauma; (B) if the employee is working for the employer against whom benefits are being sought and such employee seeks medical treatment for any injury by accident or repetitive trauma, **20 calendar days** from the date such medical treatment is sought; or (C) if the employee no longer works for the employer against whom benefits are being sought, **10 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 $500.00 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 de antes de las siguientes fechas: (A) **20 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 cual se están buscando beneficios y dicho empleado busca tratamiento médico por cualquier lesión por accidente o trauma repetitiva, **20 días** a partir de la fecha que dicho tratamiento médico ha sido obtenido; o (C) si el empleado ya no trabaja para el empleador en contra del cual se están buscando beneficios, **10 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 $500.00 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
Division of Workers Compensation/Ombudsman
401 SW Topeka Blvd., Suite 2, Topeka, KS 66603-3105
Website: https://www.dol.ks.gov/wc
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.

www.dol.ks.gov
KANSAS DEPARTMENT OF LABOR

K-WC 40-A

REV. 01/2022

Child Labor

Department of Labor

Notice of Hours (CHILD LABOR)

Employment Standards
401 SW Topeka Blvd.
Topeka, KS 66603-3182
(785) 296-5000
www.dol.ks.gov

IT SHALL BE A VIOLATION OF LAW for any child under 16 years of age to be employed, permitted or suffered to work in the business establishment before 7 a.m., or after 10 p.m., on days preceding a school day, or for more than eight hours per day, or 40 hours per week when school is not in session.

FURTHER, IT SHALL BE A VIOLATION OF LAW to employ, permit or suffer to work any child under 18 years of age in any vocation which has been declared by Rule or Regulation of the Secretary of Labor to be dangerous or injurious to the life, health, morals or welfare of a minor.

WORK PERMITS SHALL BE REQUIRED when the minor is under 16 years of age and ONLY when such minor is NOT enrolled in or attending any secondary school.

NOTICE OF HOURS **(KSA 38-605)** that every employer shall keep this notice posted in a conspicuous place near the principal entrance in an establishment where children under 16 years of age are employed, permitted or suffered to work. This notice shall state the maximum number of hours each child may be required or permitted to work, on each day of the week, the hours of commencing and stopping work and the hours allowed for dinner and other meals.

This poster is not required and should not be posted if you are covered under the Federal Child Labor Law. If you are unsure, it is suggested that you contact the U.S. Department of Labor for information. You may contact the following federal 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

K-ESLR 100

REV. 05/2012

TWO ways to verify poster compliance!
QR CODE — Scan with phone camera:
OR
ONLINE — Go to: JJKeller.com/LLPverify
Enter this code: 69376-072021

To update your labor law posters contact
J. J. Keller & Associates, Inc.
JJKeller.com/laborlaw
800-327-6868

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