



AmTrust North America
An AmTrust Financial Company

Delaware Worker's Compensation Claim Kit



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EASY ONLINE CLAIMS REPORTING INSTRUCTIONS

By logging into AmTrust's web portal, policyholders can access a wide variety of account information including the ability to report injuries online. The following instructions will help get you started.

First Time Portal Access:

1. Go to www.amtrustnorthamerica.com
2. In the upper right corner of the home page, click "LOGIN"
3. In the subsequent AmTrust *Online* drop-down box, click the word "**Register**"
4. On the following screen, enter your policy number, zip code and the security code that appears on that screen and click "**Enter**" at the bottom right of the screen
5. Enter your email address, user name and password to complete the registration process
6. After completing the registration process, go back to www.amtrustnorthamerica.com and log in

Reporting of New Injuries:

1. Go to www.amtrustnorthamerica.com
2. Log in to "[AmTrust Online](#)"
3. Click the "**Claims**" icon in the upper middle of your screen to view the screen that lists your policies
4. Click "**View**" next to the policy for which you wish to enter a claim. This brings you to the policy detail screen
5. Click on "**First Reports**" in the upper left corner
6. On the next screen, click "**Add**" to view the "**New First Report of Injury**" screen
7. Click "**Use WebForm.**" This brings you to the screen where you will enter all of the detailed information about the injury/injured worker
8. When finished entering all of the data, click "**Submit**" and this report will channel into our intake center to be set up and assigned to a claims adjuster
9. Return to the "**First Reports**" screen and you will see the claim number for the report entered
10. When finished, click on "**Return to Listing**"

For ID/Password issues or if you receive error messages while using this application, please contact our help desk at help.desk@amtrustgroup.com or call 866.427.6150. Please be sure to specify that you are an AmTrust policyholder and provide your AmTrust Online ID.



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Helpful Hints:

- ... "**Time Employee Began Work**" and "**Time of Occurrence**" must be entered in military time
- ... Enter the hours in the first box and the minutes in the second box
- ... All dates must be entered as two-digit day, two-digit month and four-digit year, i.e.: XX/XX/XXXX
- ... For PEOs, in the "**Location Address**" box, please include the PEO client name and address of the applicable PEO client location. If there is a location code/number, specify in the "**Location #**" box
- ... If during the entry of a claim you must exit the application, first click on "**Save as Draft**" and you may return to it later by going back into the "**First Reports**" screen and clicking on "**In Progress**"

For ID/Password issues or if you receive error messages while using this application, please contact our help desk at help.desk@amtrustgroup.com or call 866.427.6150. Please be sure to specify that you are an AmTrust policyholder and provide your AmTrust Online ID.

Thank you for your attention to this matter.

Sincerely,

AmTrust North America
Claims Department

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.

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

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.



Optum
 PO Box 152539
 Tampa, FL 33684-2539

MAKING IT EASY... TO GET WORKERS' COMPENSATION PRESCRIPTIONS FILLED.

Optum has been chosen to manage your workers' compensation pharmacy benefits for your employer or their insurer. Below is your First Fill card that will allow you to receive your injury-related prescriptions at your local pharmacy. Please fill out the card based on the instructions below.

Injured Employee:



If you need a prescription filled for a work-related injury or illness, go to an Optum Tmesys® network pharmacy. Give this temporary card to the pharmacist. The pharmacist will fill your prescription at low or no cost to you.



If your workers' compensation claim is accepted, you will receive a more permanent pharmacy card in the mail. Please use that card for other work-related injury or illness prescriptions.



Most pharmacies, including Walgreens, our preferred provider, and all major chains, are included in the network. To find a network pharmacy call 1-866-599-5426 or visit tmesys.com.

Questions? Need Help?



1-866-599-5426

WORKERS' COMPENSATION PRESCRIPTION DRUG PROGRAM

CARRIER/TPA	EMPLOYER
INJURED WORKER NAME	
Please provide directly to Pharmacist	
SOCIAL SECURITY NUMBER	DATE OF INJURY (YYMMDD)

Notice to Cardholder: Present this card to the pharmacy to receive medication for your work-related injury. To locate a pharmacy: 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		002538	
RxPCN	CAL		Envoy Acct. #	
GROUP	FF			

NOTE: This First Fill card is only valid for your workers' compensation injury or illness.



Employer:

Immediately upon receiving notice of injury, fill in the information above and give this form to the employee.

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

PORTADORA _____ EMPLEADOR _____

NOMBRE DEL TRABAJADOR LESIONADO _____

Please provide directly to Pharmacist

NUMERO DE SEGURO SOCIAL _____ FECHA DE ALA LESION (AAMMDD) _____

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

	<u>NDC</u>	or	<u>Envoy</u>
RxBIN	004261		002538
RxPCN	CAL		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!



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: 01-01-23 - \$11.75/hour
effective: 01-01-19 - \$8.75/hour effective: 01-01-24 - \$13.25/hour
effective: 10-01-19 - \$9.25/hour effective: 10-01-25 - \$15.00/hour
effective: 01-01-22 - \$10.50/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.



Georgetown American Job Center
8 Georgetown Plaza, Suite 2
Georgetown, DE 19947
(302) 422-1134

Departamento de Trabajo de Delaware
División de Asuntos Industriales

LOS EMPLEADORES QUE TENGAN CUATRO (4) O MÁS EMPLEADOS DEBEN:

- **Notificar a los empleados por escrito al contratarlos acerca de los siguientes puntos:**
 1. Tarifa de pago
 2. Día, hora y lugar de pago
 3. Políticas de beneficios complementarios del empleador
- Notificar a los empleados por escrito de toda reducción en la tarifa de pago y de todo cambio en el día, hora o lugar de pago o beneficios.
- **Entregar a todos los empleados un resumen de pago que muestre:**
 1. Monto de sueldos adeudados;
 2. Periodo salarial cubierto por el pago;
 3. Montos de las deducciones (detalladas aparte) que se hicieron del salario;
 4. Cantidad total de horas trabajadas en el periodo salarial (para empleados que cobran tarifa por hora).

PAGO DE SALARIOS

- Los salarios deben pagarse como mínimo todos los meses.
- Se debe pagar a los empleados el total de su salario dentro de los siete (7) días a partir del cierre del periodo salarial [con algunas excepciones, consulte §1102(b)].
- Si el día de pago cae en un día no hábil, el pago se realizará el día hábil anterior.
- Si un empleado no está presente el día de pago habitual, el pago se realizará al día hábil siguiente habitual en el que el empleado esté presente o por correo (solo si lo solicita el empleado).
- Los salarios deben pagarse en una cuenta bancaria designada por un empleado (a pedido por escrito del empleado).
- Los salarios deben pagarse en efectivo o con cheque (siempre que el empleador lo coordine adecuadamente para el cobro en el banco o en otro establecimiento comercial conveniente al lugar de trabajo).
- Siempre que el empleado dimita, renuncie, sea dado de baja, suspendido o despedido, los salarios ganados se pagarán en los siguientes días de pago programados regularmente mediante los canales de pago habituales o por correo (si el empleado lo solicita) como si no se hubiera despedido o suspendido al empleado.

DEDUCCIONES ILÍCITAS

No se permite que los empleadores deduzcan no retengan salarios por:

1. Escasez de efectivo o de inventario;
2. Adelantos en efectivo o recargos por bienes y servicios (a menos que haya un acuerdo firmado que especifique el monto adeudado y el cronograma de devolución de pagos);
3. Daños a la propiedad;
4. Incapacidad de devolver bienes del empleador.

Tarifa regular:

vigencia: 01-06-15 - \$8.25/hora

vigencia: 01-01-19 - \$8.75/hora

vigencia: 01-10-19 - \$9.25/hora

Tarifa juvenil: (edad 14-17) y

Tarifa por capacitación: (adultos, primeros 90 días en el trabajo)

vigencia: 01-01-19 - \$8.25/hora

vigencia: 01-10-19 - \$8.75/hora

EMPLEADOS QUE RECIBEN PROPINAS

El salario mínimo en efectivo a pagar a los empleados que reciban propinas es de \$2.23 por hora, con vigencia desde el 1/10/96.

El empleador debe poder comprobar que el empleado recibió el saldo de la tarifa mínima completa en pagos seleccionados.

NOTA: El salario mínimo en efectivo de Delaware para empleados que reciben propinas es mayor que el salario en efectivo que exige la ley federal. Los empleadores deben pagar la tarifa mayor de Delaware.

El empleador no debe tomar ni retener las propinas excepto según lo exija la ley. Se permiten las propinas mancomunadas (bajo ciertas condiciones) que no superen el 15% de las propinas reales que reciba el empleado.

EXCEPCIONES DEL SALARIO MÍNIMO:

- Empleados en el sector agrícola.
- Empleados en el servicio doméstico en hogares privados o cerca de ellos.
- Empleados del gobierno de los Estados Unidos.
- Vendedores que cobran comisiones adicionales.
- Ejecutivos, administradores y profesionales de buena fe.
- Empleados que participen en actividades pesqueras o procesamiento de pescado en el mar.
- Trabajadores voluntarios (de organizaciones educativas, religiosas o sin fines de lucro).
- Asesores para campamentos juveniles empleados por programas de campamentos de verano sin fines de lucro.

REQUISITOS PARA MANTENER LOS REGISTROS:

Los empleadores deben mantener los registros (incluidos la tarifa salarial, las horas trabajadas y el monto pagado a cada empleado durante tres (3) años.

Se debe ofrecer a todos los empleados un descanso de al menos 30 minutos seguidos para comer si el empleado tiene programado trabajar 7.5 o más horas por día.

Este debe tomarse después de las primeras 2 horas de trabajo y antes de las 2 últimas horas de trabajo.

Esta norma no se aplica cuando:

- El empleado es un profesional certificado por la Junta Estatal de Educación y está empleado en una junta escolar local para trabajar con niños directamente.
- Hay un convenio colectivo de trabajo u otro acuerdo escrito entre el empleado y el empleador que establezca lo contrario.

Se emitieron normas que conceden excepciones cuando:

- El cumplimiento afecte de manera adversa a la seguridad pública.
- Solo un (1) empleado puede realizar las tareas de un puesto.
- Un empleador tiene menos de cinco (5) empleados en un turno de un establecimiento (la excepción se aplicaría solo a ese turno).
- La naturaleza continua de las actividades del empleador, como producción de químicos o experimentos de investigación, exigen que el empleado responda a condiciones urgentes e inusuales en todo momento y los empleados son compensados con descansos para comer.

Cuando se permitan excepciones, se debe permitir a los empleados que coman en sus lugares de trabajo o en otros lugares autorizados y que usen el baño según sea razonablemente necesario.

Por ley estatal, se prohíbe a los empleadores discriminar a los empleados por su RAZA; COLOR; NACIONALIDAD; SEXO (INCLUSIVE EL EMBARAZO); RELIGIÓN; DISCAPACIDAD; EDAD (MÁS DE 40); INFORMACIÓN GENÉTICA; ORIENTACIÓN SEXUAL; IDENTIDAD DE GÉNERO; ESTADO CIVIL; PERTENENCIA A UNA ORGANIZACIÓN VOLUNTARIA DE EMERGENCIAS (BOMBEROS VOLUNTARIOS, PERSONAL DE AMBULANCIA, DAMAS AUXILIARES); VÍCTIMA DE VIOLENCIA DOMÉSTICA, AGRESIÓN SEXUAL O ACOSO; RESPONSABILIDADES DE CUIDADO FAMILIAR; DECISIONES DE SALUD REPRODUCTIVA Y REPRESALIAS POR INICIAR UNA DEMANDA DE DISCRIMINACIÓN LABORAL O POR Oponerse O PARTICIPAR EN LA INVESTIGACIÓN DE UNA PRÁCTICA DISCRIMINATORIA EN EL TRABAJO. Los empleadores con cuatro (4) o más empleados, organizaciones laborales, agencias de empleo y comités conjuntos de gestión laboral para el aprendizaje o capacitación están afectados por esta ley.

ACOSO SEXUAL: El acoso sexual de empleados, postulantes, aprendices, trabajadores de agencias de dotación de personal, becarios sin goce de sueldo y contratistas independientes es ilegal. El acoso sexual puede constituir avances sexuales no deseados, solicitudes de favores sexuales u otro contacto físico o verbal de naturaleza sexual cuando (1) se espera que el empleado se someta a tal conducta, o (2) se usa la sumisión o rechazo de tal conducta por parte del empleado como fundamento para tomar decisiones laborales, o (3) tal conducta tiene el efecto de interferir de manera poco razonable con el desempeño laboral del empleado o generar un entorno laboral intimidante, hostil u ofensivo. Si el acoso es hecho por un supervisor, el empleador podrá ser responsable incluso si el empleado no lo ha denunciado. Si el acoso es hecho por un compañero de trabajo o una persona que no es un empleado, los empleadores son responsables si el empleado presentó la denuncia ante el empleador y este no tomó medidas para detener o corregir el acoso sexual. Con vigencia desde el 1.º de enero de 2019, los empleadores deben distribuir una ficha informativa sobre el Acoso Sexual del Departamento de Trabajo a todos los empleados. Los empleadores que tengan 50 empleados o más deben proporcionar una capacitación sobre el acoso sexual a todos los trabajadores recién contratados y hacerla cada dos años posteriormente.

DISCAPACIDAD: Los empleadores tienen prohibido por la ley estatal discriminar a un empleado por su discapacidad. La ley estatal exige que el trabajo y los progresos de personas calificadas que tengan una discapacidad y requieran adaptaciones razonables, o no, puedan desempeñar las funciones fundamentales de un trabajo.

EMBARAZO: Los empleadores deben brindar adaptaciones razonables con respecto al embarazo, el nacimiento, la lactancia y situaciones relacionadas. Los empleadores no pueden negar un puesto laboral a postulantes por una adaptación en el lugar de trabajo relacionada con el embarazo, hacer cambios innecesarios a las funciones laborales de una empleada embarazada ni exigirle a una empleada embarazada que se tome una licencia con o sin goce de sueldo cuando una adaptación razonable permitiría que la empleada siguiera trabajando.

TODA PERSONA que considere que ha sido víctima de discriminación debe comunicarse con el Departamento de Trabajo de Delaware, Oficina Anti-Discriminación, al (302) 761-8200.

Se debe presentar cargos por discriminación dentro de los 300 días siguientes a la presunta práctica laboral ilícita.

Disposiciones generales:

- La edad mínima para tener un empleo es de 14 años.
- Se exigen permisos de trabajo para todos los menores de edad empleados que tengan menos de 18 años.
- Los empleadores deben mantener archivados los permisos de trabajo para todos los menores de edad empleados.
- Se requiere un nuevo permiso de trabajo cuando el menor de edad cambie de empleador.

Son ilegales las represalias contra un empleado porque ha presentado una denuncia o dado información al Dpto. de Trabajo sobre posibles violaciones a las leyes laborales.

POR LEY, LOS EMPLEADORES DEBEN EXHIBIR ESTE AFICHE EN UN LUGAR ACCESIBLE A LOS EMPLEADOS Y POR DONDE PASEN HABITUALMENTE.

Las violaciones de las Leyes Laborales de Delaware podrían dar como resultado multas de hasta \$10,000.00 por violación.

Disposiciones para menores de 14 y 15 años de edad:

LOS MENORES DE 14-15 AÑOS NO DEBEN TRABAJAR:

- Antes de las 7:00 a.m. ni después de las 7:00 p.m. – excepto del 1.º de junio hasta el Día del Trabajo en que la jornada nocturna se amplía hasta las 9:00 p.m.
- Más de cuatro (4) horas por día en días de escuela
- Más de ocho (8) horas por día en días que no sean de escuela
- Más de dieciocho (18) horas en una semana cuando hay actividad escolar durante cinco (5) días
- Más de seis (6) días en una semana
- Más de cuarenta (40) horas por semana, y
- Más de cinco (5) horas continuas sin un periodo de descanso de al menos treinta (30) minutos seguidos.

Disposiciones específicas para menores de 16 y 17 años:

- No más de doce (12) horas combinadas con la escuela y las horas de trabajo por día
- Deben estar al menos ocho (8) horas seguidas sin trabajar ni ir a la escuela por cada periodo de veinticuatro (24) horas
- No podrán trabajar más de cinco (5) horas seguidas sin tener un periodo de descanso de al menos treinta (30) minutos seguidos.

Para conocer una lista de ocupaciones prohibidas, comuníquese con:

El Departamento de Trabajo de Delaware, División de Asuntos Industriales, Oficina de Aplicación de la Ley Laboral en cualquiera de las direcciones detalladas.

Este afiche brinda información general sobre las disposiciones de las Leyes de Trabajo Infantil de Delaware. Los requisitos de la ley estatal no afectan las obligaciones del empleador para cumplir con las disposiciones de la ley federal.

COSAS IMPORTANTES QUE SE DEBEN HACER EN CASO DE LESIÓN

EL EMPLEADOR DEBE:

Tener una cobertura de seguro para indemnización laboral. Proporcionar todo el tratamiento necesario a nivel médico, quirúrgico y hospitalario desde la fecha del accidente. Cada empleador debe llevar registro de todas las lesiones sufridas por los empleados y realizar un informe por escrito dentro de los diez (10) días del mismo para la Oficina de Indemnizaciones Laborales. Determinar los salarios semanales promedio del empleado y dar una indemnización según las disposiciones de la ley por una discapacidad que pase el tercer día del accidente. Se deben presentar todos los acuerdos con respecto a indemnizaciones ante la Oficina de Indemnizaciones Laborales para su aprobación.

EL EMPLEADO DEBE:

Notificar de inmediato al empleador por escrito de una lesión accidental o enfermedad ocupacional y solicitar servicios médicos. En caso de no dar aviso ni aceptar los servicios médicos, se podrá privar al empleado de su derecho a indemnización. Avisar rápidamente al empleador, directamente o mediante un supervisor, de una demanda por indemnización por el periodo de discapacidad que pase el tercer día de un accidente. En caso de lesiones mortales, uno o más familiares a cargo del difunto o una persona en su nombre deben dar aviso. En caso de que no se llegue a un acuerdo con el empleador respecto a la indemnización según la ley, presentar una solicitud ante la Junta de Accidentes Industriales para tener una audiencia sobre la cuestión dentro de los dos (2) años a partir de la fecha de la lesión accidental o un (1) año a partir del conocimiento del diagnóstico de una enfermedad ocupacional o una lesión con radiación ionizante. Se pueden conseguir todos los formularios en la Oficina de Indemnizaciones laborales.

STATEMENT OF WAGES/SALARY

IMPORTANT: PLEASE COMPLETE ALL INFORMATION REQUESTED

Employee:
Social Security Number:

Employer:
Date of Hire:

Claim Number:
Position/Job Title

EMPLOYMENT TYPE: Full Time ___ Part Time ___ Seasonal ___ Temp ___

If Temporary or Seasonal worker, last day of season or job end date _____

WAGETYPE: Hourly ___ Salary ___ Commission ___

WAGE INFORMATION:

\$ _____ per hour ; Monthly Wage \$ _____ ; Does monthly wage include commission ___ Yes ___ No

Hours per Week _____ ; Overtime Rate \$ _____ per hour ; Overtime Hours Regularly Worked per week _____

Tips reported: \$ _____ per week

If employees' compensation package includes an allowance for any of the following, please indicate the actual or estimated value:

Meals: \$ _____ per week Auto: \$ _____ Rent/Lodging: \$ _____ per week Bonus \$ _____ per ___wk___mth___yr

PLEASE COMPLETE THE BELOW FOR THE PERIOD _____ TO _____

WK	Pay Rate	Hrs Worked	Begin Date	End Date	Gross Salary	WK	Pay Rate	Hrs Worked	Begin Date	End Date	Gross Salary
1						27					
2						28					
3						29					
4						30					
5						31					
6						32					
7						33					
8						34					
9						35					
10						36					
11						37					
12						38					
13						39					
14						40					
15						41					
16						42					
17						43					
18						44					
19						45					
20						46					
21						47					
22						48					
23						49					
24						50					
25						51					
26						52					