

# Arizona Labor Law Posters



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# This Employer Participates in E-Verify



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

**IMPORTANT:** If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

## NOTICE:

Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your nation of origin or citizenship status, please call the Office of Special Counsel at 1-800-255-7688 (TDD:1-800-237-2515).

In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services' (USCIS) photograph.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your nation of origin or citizenship status, please call the Office of Special Counsel at 1-800-255-7688 (TDD:1-800-237-2515).

Employment Verification.  Done.

For more information on E-Verify, please contact DHS at:

**1-888-464-4218**



E-VERIFY IS A SERVICE OF DHS AND SSA

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If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your nation of origin or citizenship status, please call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-7688 (TDD:1-800-237-2515).

Employment Verification.  Done.

For more information on E-Verify, please contact DHS at:

**1-888-464-4218**



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# Este Empleador Participa en E-Verify



Este empleador le proporcionará a la Administración del Seguro Social (SSA), y si es necesario, al Departamento de Seguridad Nacional (DHS), información obtenida del Formulario I-9 correspondiente a cada empleado recién contratado con el propósito de confirmar la autorización de trabajo.

**IMPORTANTE:** En dado caso que el gobierno no pueda confirmar si está usted autorizado para trabajar, este empleado está obligado a proporcionarle las instrucciones por escrito y darle la oportunidad a que se ponga en contacto con la oficina del SSA y, o el DHS antes de tomar una determinación adversa en contra suya, inclusive despedirlo.

Los empleadores no pueden utilizar E-Verify con el propósito de realizar una preselección de aspirantes a empleo o para hacer nuevas verificaciones de los empleados actuales, y no

deben restringir o influenciar la selección de los documentos que sean presentados para ser utilizados en el Formulario I-9.

A fin de poder determinar si la documentación del Formulario I-9 es válida o no, este empleador utiliza la herramienta de selección fotográfica de E-Verify para comparar la fotografía que aparece en algunas de las tarjetas de residente

y autorizaciones de empleo, con las fotografías oficiales del Servicio de Inmigración y Ciudadanía de los Estados Unidos. (USCIS).

Si usted cree que su empleador ha violado sus responsabilidades bajo este programa, o ha discriminado en contra suya durante el

proceso de verificación debido a su lugar de origen o condición de ciudadanía, favor ponerse en contacto con la Oficina de Asesoría Especial llamando al 1-800-255-7688 (TDD: 1-800-237-2515).

## A V I S O :

La Ley Federal le exige a todos los empleadores que verifiquen la identidad y elegibilidad de empleo de toda persona contratada para trabajar en los Estados Unidos.

Employment Verification.  Done.

Para mayor información sobre E-Verify, favor ponerse en contacto con la oficina del DHS llamando al:

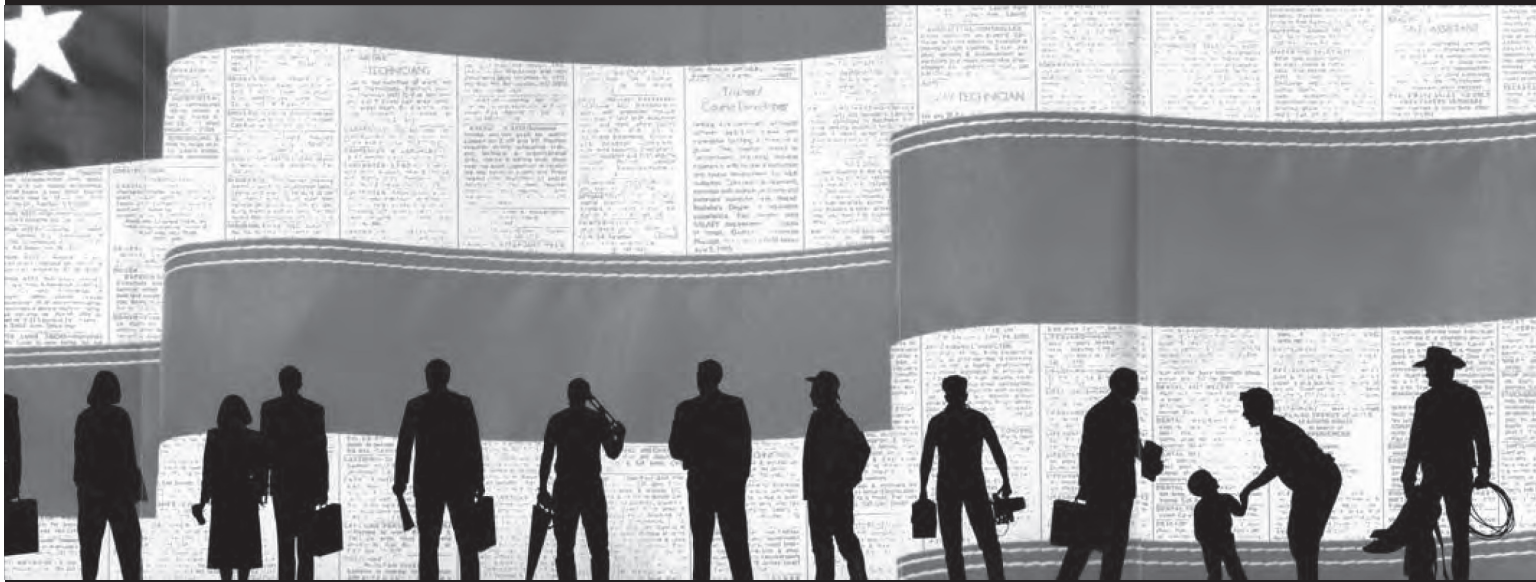
**1-888-464-4218**



E-VERIFY IS A SERVICE OF DHS AND SSA



# **IF YOU HAVE THE RIGHT TO WORK, Don't let anyone take it away.**



**If you have a legal right to work in the United States, there are laws to protect you against discrimination in the workplace.**

**You should know that –**  
No employer can deny you a job or fire you because of your national origin. Unless mandated by law or government contract, employers cannot require you to be a U.S. Citizen or permanent resident or refuse any legally acceptable documents.

If any of these things have happened to you, you may have a valid charge of discrimination that can be filed with the OSC. Contact the OSC for assistance in your own language.

Call 1-800-255-7688. TDD for the hearing impaired is 1-800-237-2515.

In the Washington, D.C., area, please call 202-616-5594, TDD 202-616-5525

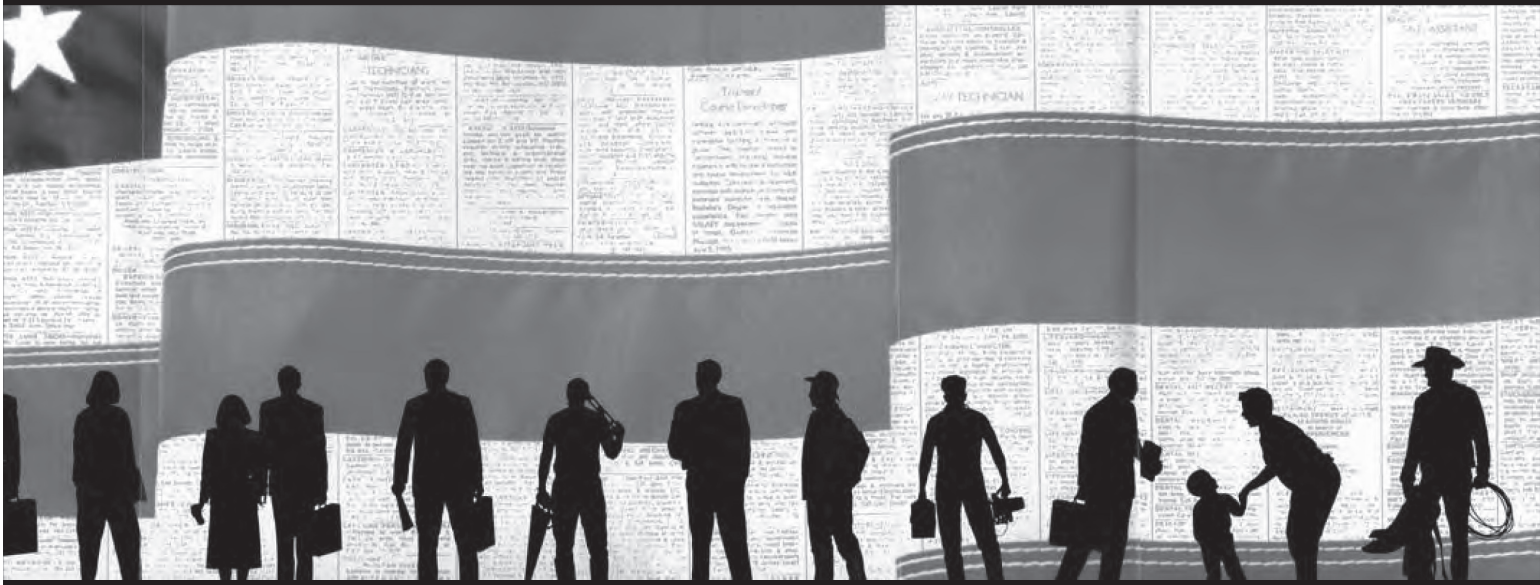
Or write to:  
U.S. Department of Justice  
Office of Special Counsel - NYA  
950 Pennsylvania Ave., N.W.  
Washington, DC 20530

**U.S. Department of Justice  
Civil Rights Division**

Office of Special Counsel for  
Immigration-Related Unfair  
Employment Practices



## SI USTED TIENE DERECHO A TRABAJAR, no deje que nadie se lo quite.



**Si tiene derecho a trabajar legalmente en los Estados Unidos, existen leyes para protegerlo contra la discriminación en el trabajo.**

Llame al 1-800-255-7688. La línea telefónica para personas con problemas de audición, es 1-800-237-2515. En Washington, D.C., llame al 202-616-5594, o al 202-616-5525 (personas con

**Debe saber que –**

Ningún patrón puede negarle trabajo, ni puede despedirlo, debido a su país de origen o su condición de inmigrante.

En la mayoría de los casos, los patrones no pueden exigir que usted sea ciudadano de los Estado

problemas de audición), o escriba a la Oficina del Consejero Especial, División de Derechos Civiles, P.O. Box 27728, Washington, DC 20038-7728.

Unidos o residente permanente o negarse a aceptar documentos válidos por ley.

Si se ha encontrado en cualquiera de estas situaciones, usted podría tener una queja válida de discriminación. Comuníquese con OSC para obtener ayuda en español.

**Departamento de Justicia  
De los Estados Unidos,  
División de Detechos Civiles**  
Oficina del Consejero Especial



**FAIR EMPLOYMENT**

# ARIZONA LAW PROHIBITS DISCRIMINATION IN EMPLOYMENT

**ON THE BASIS OF:** Race, Color, Religion, Sex, Age (40+), National Origin, Disability or Results of Genetic Testing.

**BY:** Employers, Employment Agencies or Labor Unions.

**WITH RESPECT TO:** Hiring, Promotion, Transfer, Termination, Salary or Benefits, Lay-Off, Apprenticeship and Training Programs, Job Referrals, or Union Membership.

**REMEDY MAY INCLUDE:** Employment, Reinstatement, Back Pay, Promotion or Lost Benefits.



# LA LEY DE ARIZONA PROHIBE DISCRIMINACION EN EL EMPLEO

**POR RAZONES DE:** Raza, Color, Religión, Sexo, Edad (40+), Origen Nacional, Incapacidad o Resultados de Pruebas Genéticas.

**POR PARTE DE:** Empleador, Agencias de Empleo, o Sindicatos.

**CON RESPECTO A:** Ocupación, Ascenso, Transferencia, Terminación, Salarios o Beneficios, Despido, Aprendizaje, Programas de Entrenamiento, Recomendaciones de Trabajo o Miembrecia en Sindicatos.

**LOS REMEDIOS PUEDEN INCLUIR:** Empleo, Re-Empleo, Sueldo Atrasado, Ascenso o Beneficios Perdidos.

**STATE OF ARIZONA  
OFFICE OF ATTORNEY GENERAL  
Civil Rights Division**



**PHOENIX OFFICE:**  
1275 West Washington Street  
Phoenix, Arizona 85007  
(602) 542-5263  
1-877-491-5742 Toll Free  
1-877-624-8090 TTY Toll Free

**TUCSON OFFICE:**  
400 West Congress Street  
South Building S-215  
Tucson, Arizona 85701  
(520) 628-6500  
1-877-491-5740 Toll Free  
1-877-881-7552 TTY Toll Free

\*COMPLAINT FORM AVAILABLE ONLINE AT [WWW.AZAG.GOV](http://WWW.AZAG.GOV)

THIS NOTICE MUST BE POSTED IN A CONSPICUOUS WELL LIGHTED PLACE FREQUENTED BY EMPLOYEES, JOB SEEKERS, APPLICANTS FOR UNION MEMBERSHIP OR PATRONS.



# EMPLOYEE SAFETY AND HEALTH PROTECTION

The Arizona Occupational Safety and Health Act of 1972 (Act), provides safety and health protection for employees in Arizona. The Act requires each employer to furnish his employees with a place of employment free from recognized hazards that might cause serious injury or death. The Act further requires that employers and employees comply with all workplace safety and health standards, rules and regulations promulgated by the Industrial Commission. The Arizona Division of Occupational Safety and Health (ADOSH), a division of the Industrial Commission of Arizona, administers and enforces the requirements of the Act.

## As an employee, you have the following rights:

**You have the right to notify your employer or ADOSH about workplace hazards. You may ask ADOSH to keep your name confidential.**

**You have the right to request that ADOSH conduct an inspection if you believe there are unsafe and/or unhealthful conditions in your workplace. You or your representative may participate in the inspection.**

**If you believe you have been discriminated against for making safety and health complaints, or for exercising your rights under the Act, you have a right to file a complaint with ADOSH within 30 days of the discriminatory action. You are also afforded protection from discrimination under the Federal Occupational Safety and Health Act and may file a complaint with the U.S. Secretary of Labor within 30 days of the discriminatory action.**

**You have the right to see any citations that have been issued to your employer. Your employer must post the citations at or near the location of the alleged violation.**

**You have the right to protest the time frame given for correction of any violation.**

**You have the right to obtain copies of your medical records or records of your exposure to toxic and harmful substances or conditions.**

**Your employer must post this notice in your workplace**

The Industrial Commission and ADOSH do not cover employers of household domestic labor, those in maritime activities (covered by OSHA), those in atomic energy activities (covered by the Atomic Energy Commission) and those in mining activities (covered by the Arizona Mine Inspector's office). To file a complaint, report an emergency or seek advice and assistance from ADOSH, contact the nearest ADOSH office:

**Phoenix:  
800 West Washington  
Phoenix AZ. 85007  
602-542-5795**



**Tucson:  
2675 East Broadway  
Tucson, AZ. 85716  
520-628-5478**

**Industrial Commission web site:** [www.ica.state.az.us](http://www.ica.state.az.us)

Note: Persons wishing to register a complaint alleging inadequacy in the administration of the Arizona Occupational Safety and Health plan may do so at the following address:

U.S. Department of Labor – OSHA  
3221 N. 16<sup>th</sup> St., Suite 100  
Phoenix, AZ 85016  
Telephone: 1-800-475-4020

## WORK EXPOSURE TO BODILY FLUIDS

### WORK EXPOSURE TO BODILY FLUIDS

#### NOTICE TO EMPLOYEES

Re: Human Immunodeficiency Virus (HIV),  
Acquired Immune Deficiency Syndrome (AIDS) & Hepatitis C

Employees are notified that a claim may be made for a condition, infection, disease or disability involving or related to the Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS), or Hepatitis C within the provisions of the Arizona Workers' Compensation Law, and the rules of The Industrial Commission of Arizona. Such a claim shall include the occurrence of a significant exposure at work, which generally means contact of an employee's ruptured or broken skin or mucous membrane with a person's blood, semen, vaginal fluid, surgical fluid(s) or any other fluid(s) containing blood. **AN EMPLOYEE MUST CONSULT A PHYSICIAN TO SUPPORT A CLAIM.** Claims cannot arise from sexual activity or illegal drug use.

Certain classes of employees may more easily establish a claim related to HIV or AIDS, or Hepatitis C if they meet the following requirements:

1. The employee's regular course of employment involves handling or exposure to blood, semen, vaginal fluid, surgical fluid(s) or any other fluid(s) containing blood. Included in this category are health care providers, forensic laboratory workers, fire fighters, law enforcement officers, emergency medical technicians, paramedics and correctional officers.

2. **NO LATER THAN TEN (10) CALENDAR DAYS** after a possible significant exposure which arises out of and in the course of employment, the employee reports in writing to the employer the details of the exposure as provided by Commission rules. Reporting forms are available at the office of this employer or from the Industrial Commission of Arizona, 800 W. Washington, Phoenix, Arizona 85007, (602) 542-4661 or 2675 E. Broadway, Tucson, Arizona 85716, (520) 628-5181. If an employee chooses not to complete the reporting form, that employee may be at risk of losing a prima facie claim.

3. **NO LATER THAN TEN (10) CALENDAR DAYS** after the possible significant exposure the employee has blood drawn, and **NO LATER THAN THIRTY (30) CALENDAR DAYS** the blood is tested for **HIV OR HEPATITIS C** by antibody testing and the test results are negative.

4. **NO LATER THAN EIGHTEEN (18) MONTHS** after the date of the possible significant exposure at work, the employee is retested and the results of the test are HIV positive or the employee has been diagnosed as positive for the presence of HIV, or **NO LATER THAN SEVEN (7) MONTHS** after the date of the possible significant exposure at work, the employee is retested and the results of the test are positive for the presence of Hepatitis C or the employee has been diagnosed as positive for the presence of Hepatitis C.

**KEEP POSTED IN CONSPICUOUS PLACE  
NEXT TO WORKERS' COMPENSATION NOTICE TO EMPLOYEES**

THIS NOTICE APPROVED BY THE INDUSTRIAL  
COMMISSION OF ARIZONA FOR CARRIER USE



## CONSTRUCTIVE DISCHARGE

### **Important Information Concerning Constructive Discharge Claims Under Arizona State Law**

**If you believe that working conditions at your place of employment may become intolerable, causing you to resign, you are encouraged to communicate this to your employer.**

*Under Section 23-1502, Arizona Revised Statutes, an employee may be required to notify an appropriate representative of the employer **IN WRITING** that a working condition exists that the employee believes is intolerable, that will compel the employee to resign or that constitutes a constructive discharge, if the employee wants to preserve the right to bring a claim against the employer alleging that the working condition forced the employee to resign. Under the law, an employee may be required to wait for fifteen (15) calendar days after providing written notice before the employee may resign if the employee desires to reserve the right to bring a constructive discharge claim against the employer. Employees may be entitled to a paid or unpaid leave of absence of up to fifteen (15) calendar days while waiting for the employer to respond to the employee's written communication about the employee's working condition.*

Under this law, as a precondition to your right to bring a constructive discharge claim against your employer, you must take **each** of the following actions **before** deciding whether to resign:

FIRST - NOTIFY an appropriate representative of your employer, IN WRITING, that a working condition exists that the employee believes is objectively intolerable, will compel him to resign or constitutes grounds for a constructive discharge.

THEN - Allow your employer FIFTEEN (15) days to respond in writing to the matters presented in the written communication you have provided to your employer.

FINALLY - READ and CONSIDER your employer's response to your written communication.

**Written notices are to be provided to the following company official  
who has been designated to receive such notices:**

\_\_\_\_\_ at \_\_\_\_\_  
Name of Company Official Department/Location/Telephone Number

NOTWITHSTANDING ANY OTHER REQUIREMENTS OF THIS LAW, AN EMPLOYEE MAY BRING A CONSTRUCTIVE DISCHARGE CLAIM WITHOUT PRIOR WRITTEN NOTICE IN THE EVENT OUTRAGEOUS CONDUCT BY THE EMPLOYER OR BY A MANAGING AGENT OF THE EMPLOYER, INCLUDING SEXUAL ASSAULT, THREATS OF VIOLENCE DIRECTED AT THE EMPLOYEE, A CONTINUOUS PATTERN OF DISCRIMINATORY HARASSMENT BY THE EMPLOYER OR BY A MANAGING AGENT OF THE EMPLOYER, OR OTHER CONDUCT IF THE CONDUCT WOULD CAUSE A REASONABLE EMPLOYEE TO FEEL COMPELLED TO RESIGN.

**Employers:** Please fill in the required information and display this poster in areas where other notices to employees are customarily displayed.

## MINIMUM WAGE

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### ARIZONA MINIMUM WAGE ACT

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**Effective January 1, 2011**

**\$7.35** per hour

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**EXEMPTIONS:** The Arizona Minimum Wage Act does not apply to the following: Any person who is employed by a parent or a sibling; Any person who is employed performing babysitting services in the employer's home on a casual basis; Any person employed by the State of Arizona or the United States government; and Any person employed in a small business grossing less than \$500,000 in annual revenue, if that small business is not covered by the Federal Fair Labor Standards Act.

**TIPS:** For any employee who customarily and regularly receives tips or gratuities, an employer may pay a wage up to \$3.00 per hour less than the minimum wage if the employer can establish by its records that for each week, when adding tips received to wages paid, the employee received not less than the minimum wage for all hours worked. Certain other conditions must be met.

**RETALIATION PROHIBITED:** An employer is prohibited from taking any action against any person in retaliation for asserting a right(s) or assisting any person in doing so, or informing any person of rights under the Arizona Minimum Wage Act.

**ENFORCEMENT:** Any person or organization may file a complaint with the Industrial Commission's Labor Department alleging that an employer has violated the Arizona Minimum Wage Act. Certain time limits apply. A civil action may also be filed as provided in the Act. Violations of the Minimum Wage Act may result in significant penalties.

**INFORMATION:** For additional information regarding the Arizona Minimum Wage Act you may refer to the Industrial Commission's web site at [www.ica.state.az.us](http://www.ica.state.az.us) or you may contact the Industrial Commission's Labor Department at 800 W. Washington, Phoenix, Arizona 85007-2022 or by telephone at (602) 542-4515.

**THIS POSTER MUST BE CONSPICUOUSLY POSTED IN A PLACE  
THAT IS ACCESSIBLE TO EMPLOYEES**

## UNEMPLOYMENT INSURANCE

POU-003

### **NOTICE TO EMPLOYEES YOU ARE COVERED BY UNEMPLOYMENT INSURANCE**

For an explanation of what this insurance means to you, ask your employer for the pamphlet A Guide to Arizona Unemployment Insurance Benefits (PAU-007-M). You may obtain additional information from the Unemployment Insurance office by calling (602) 364-2722 in the Phoenix area, (520) 791-2722 in the Tucson area, or toll free at 1-877-600-2722.

#### **IF YOU BECOME UNEMPLOYED, YOU MAY BE ELIGIBLE FOR UNEMPLOYMENT BENEFITS IF YOU:**

- Were separated from your last job for a non-disqualifying reason
- Open or reopen a claim by calling one of the phone numbers listed above
- Meet the wage requirements established by law
- Register for work at the nearest DES Employment Service office
- Actively seek work and remain available and able to accept suitable employment
- Meet all other eligibility requirements

You may receive partial unemployment insurance payments if your hours and wages are reduced.

POSTING REQUIRED BY ARS § 23-772.C

P.O. BOX 6123  
PHOENIX, ARIZONA 85005-6123

Equal Opportunity Employer/Program ♦ Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact the UI Tax office. TTY/TDD Services: 7-1-1.

**NO SMOKING**



**Thank you for not smoking.**



**To report a violation or file a complaint:**

**[smokefreearizona.org](http://smokefreearizona.org)**

**1-877-4-AZNOSMOKE**

**1-877-429-6676**

**Smoke-Free Arizona Act ARS§36-601.01**

Arizona  
Department of  
Health Services



**WORKERS' COMPENSATION**

TO BE POSTED BY EMPLOYER

POLICY NUMBER \_\_\_\_\_

**NOTICE TO EMPLOYEES**

RE: ARIZONA WORKERS' COMPENSATION LAW

All employees are hereby notified that this employer has complied with the provisions of the Arizona Workers' Compensation Law (Title 23, Chapter 6, Arizona Revised Statutes) as amended, and all the rules and regulations of The Industrial Commission of Arizona made in pursuance thereof, and has secured the payment of compensation to employees by insuring the payment of such compensation with: \_\_\_\_\_

All employees are hereby further notified that in the event they do not specifically reject the provisions of the said compulsory law, they are deemed by the laws of Arizona to have accepted the provisions of said law and to have elected to accept compensation under the terms thereof; and that under the terms thereof employees have the right to reject the same by written notice thereof prior to any injury sustained, and that the blanks and forms for such notice are available to all employees at the office of this employer.

★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★

PARA SER COLOCADO POR EL PATRON

NUMERO DE POLIZA \_\_\_\_\_

**AVISO A LOS EMPLEADOS**

RE: LEY DE COMPENSACION PARA LOS TRABAJADORES DE ARIZONA

A todos los empleados se les notifica por este medio que este patron ha cumplido con las provisiones de la Ley de Compensacion para los Trabajadores de Arizona (Titulo 23, Capitulo 6, Estatutos Enmendados de Arizona) tal como han sido enmendados, y con todas las regias y ordenanzas de La Comision Industrial de Arizona hechas en cumplimiento de esta, y ha asegurado el pago de compensacion a los empleados garantizando el pago de dicha compensacion por medio de;

Ademas, a todos los empleados se les notifica por este medio que en caso de que especificamente ellos no rechazen las disposiciones de dicha ley obligatoria, se les considerara bajo las leyes de Arizona de haber aceptado las provisiones de dicha ley y de haber escogido aceptar la compensacion bajo estos terminos; tambien bajo estos terminos los empleados tienen el derecho de rechazar la misma por medio de una notificacion por escrito antes de que sufran alguna lesion, todos los formularios o formas en blanco para tal notificacion por escrito estaran disponibles para todos los empleados en la oficina de este patron.

★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★

**KEEP POSTED IN A CONSPICUOUS PLACE.**

**COLOQUESE EN LUGAR VISIBLE.**

## WORK EXPOSURE TO MRSA, SPINAL MENINGITIS & TB

### WORK EXPOSURE TO METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS (MRSA), SPINAL MENINGITIS, OR TUBERCULOSIS (TB)

#### Notice to Employees

Employees are notified that a claim may be made for a condition, infection, disease or disability involving or related to MRSA, spinal meningitis, or TB within the provisions of the Arizona Workers' Compensation Law. (A.R.S. § 23-1043.04) Such a claim shall include the occurrence of a significant exposure at work, which is defined to mean an exposure in the course of employment to aerosolized MRSA, spinal meningitis or TB bacteria. Significant exposure also includes exposure in the course of employment to MRSA through bodily fluids or skin.

Certain classes of employees (as defined below) may more easily establish a claim related to MRSA, spinal meningitis or TB by meeting the following requirements:

1. The employee's regular course of employment involves handling or exposure to MRSA, spinal meningitis or TB. For purposes of establishing a claim under this section, "employee" is limited to firefighters, law enforcement officers, correction officers, probation officers, emergency medical technicians and paramedics who are not employed by a health care institution;
2. No later than 10 days after a possible significant exposure, the employee reports in writing to the employer the details of the exposure;
3. A diagnosis is made within the following time-frames:
  - a. For a claim involving MRSA, the employee is diagnosed with MRSA within two to ten days of the possible significant exposure;
  - b. For a claim involving spinal meningitis, the employee is diagnosed with spinal meningitis within two to eighteen days of the possible significant exposure; and
  - c. For a claim involving TB, the employee is diagnosed with TB within twelve weeks of the possible significant exposure.

Expenses for post-exposure evaluation and follow-up, including reasonably required prophylactic treatment for MRSA, spinal meningitis, and TB is considered a medical benefit under the Arizona Workers' Compensation Act for any significant exposure that arises out of and in the course of employment if the employee files a claim for the significant exposure or the employee reports in writing the details of the exposure. Providing post-exposure evaluation and follow-up, including prophylactic treatment, does not, however, constitute acceptance of a claim for a condition, infection, disease or disability involving or related to a significant exposure.

Employers must post this notice in a conspicuous place next to the Workers' Compensation Notice to Employees.