



1961 Diamond Springs Road
Virginia Beach, VA 23455
Phone (757) 460-6308
Fax (757) 460-0317

MONTANA EMPLOYEES

MANCON Employees,

Included in this packet is the following information:

1. Smoking Free Establishment
2. Minimum Wage
3. Job Safety and Health
4. Workers Compensation
5. Unemployment
6. Discrimination

If you have any questions, please contact your supervisor.

Thanks,
Human Resources



Montana Law Prohibits Smoking in This Establishment

Montana Department of Public Health & Human Services
Title 50, Chapter 40, MCA

**MONTANA DEPARTMENT OF LABOR & INDUSTRY
WAGE & HOUR UNIT**



STATE MINIMUM WAGE

\$5.15

(EFFECTIVE 9/1/97)

Exception: A business not covered by the Fair Labor Standards Act whose gross annual sales are \$110,000 or less may pay \$4.00 per hour, **however**, if an individual employee is producing or moving goods between states or otherwise covered by the Fair Labor Standards Act, that employee must be paid federal minimum wage.

NO TIP CREDIT, TRAINING WAGE OR MEAL CREDIT IS ALLOWED IN THE STATE OF MONTANA

OVERTIME PAY

Employees who work in excess of 40 hours in a workweek must receive overtime compensation at a rate of at least 1 ½ times their regular hourly rate for those hours worked over 40. There are exclusions from overtime pay. This information can be obtained by calling the Wage & Hour Unit at (406) 444-5600.

PAYMENT OF WAGES

(EFFECTIVE 10/1/97)

WHILE STILL EMPLOYED: An employee must be paid within 10 business days after the end of the pay period.

WHEN SEPARATED FROM EMPLOYMENT: When an employee quits, wages are due on the next scheduled pay day for the period in which the employee was separated, or 15 calendar days, whichever occurs first.

TERMINATED FOR CAUSE: When an employee is laid off or discharged, all wages are due immediately (within four hours or end of the business day, whichever occurs first), unless the employer has a preexisting, written policy that extends the time for payment. The wages cannot be delayed beyond the next pay day for the period in which the separation occurred, or 15 calendar days, whichever occurs first.

FOR ADDITIONAL INFORMATION PLEASE CONTACT:

**DEPARTMENT OF LABOR & INDUSTRY
LABOR STANDARDS BUREAU
WAGE & HOUR UNIT
PO BOX 6518
HELENA MT 59604-6518
PHONE (406) 444-5600**

Please visit us on the web at:
www.mtwagehourbopa.com

JOB SAFETY AND HEALTH PROTECTION

PUBLIC EMPLOYMENT IN MONTANA

DUTIES

EMPLOYERS:

- ✓ must furnish a safe place of employment for all employees
- ✓ must protect the life and safety of all employees
- ✓ must post notices of safety hazards identified by Department of Labor and Industry personnel at the location of the hazard or at a location where employees routinely congregate
- ✓ must maintain a log of occupational injuries and illnesses occurring at that workplace (the Montana Form 200 or Montana Form 300)

EMPLOYEES:

- ✓ must comply with all occupational safety and health standards applicable to their jobs

DEPARTMENT OF LABOR AND INDUSTRY, OCCUPATIONAL SAFETY AND HEALTH BUREAU:

- ✓ administers the Montana Safety Act (Title 50, Chapter 71, MCA), the Montana Occupational Health Act (Title 50, Chapter 70, MCA), and the Montana Safety Culture Act (Title 39, Chapter 71, Section 1501, MCA)
- ✓ conducts periodic workplace safety and health inspections
- ✓ supports public agencies for all occupational safety and health concerns

RIGHTS

EMPLOYERS:

- ✓ right to consult with the Department for advice and assistance in complying with provisions of the Montana Safety Act
- ✓ right to appeal any order, rule of decision if aggrieved directly or indirectly by that order, rule or decision

EMPLOYEES:

- ✓ right to meet privately with the Department representative during the workplace visit
- ✓ right to file complaints with the Department
- ✓ right to report work place hazards to the employer, and then to the Department if the hazards are not abated

POSTING INSTRUCTIONS:

UNDERPROVISIONS OF ARM 24.30.104(2), EMPLOYERS MUST POST THIS NOTICE OR FACSIMILE IN A CONSPICUOUS PLACE OR PLACES WHERE NOTICES ARE CUSTOMARILY POSTED.

FOR QUESTIONS INVOLVING OCCUPATIONAL SAFETY AND HEALTH, CALL THE SAFETY BUREAU, MONTANA DEPARTMENT OF LABOR AND INDUSTRY

(406-444-6401) [form ERD368w, 09/02]

<http://www.montanasafety.com/>

WORKERS' COMPENSATION INSURANCE COVERAGE

EMPLOYEE NOTICE

MANAGEMENT CONSULTING, INC.
312 73rd St N, Bldg 1192
Great Falls MT 59402

Date: _____
Policy Number: WCK-291-539534-010

The above-named employer's workers' compensation insurance coverage is active and in good standing for the period of 10/01/2010 to 10/01/2011, provided the employer meets all premium and reporting requirements.

IF YOU ARE INJURED

You should report any on-the-job injury to your supervisor, employer, or insurer as soon as possible. You must report the accident within 30 days. A sole proprietor, partner, manager of a manager-managed limited liability company, member of a member-managed limited liability company, or corporate officer covered under the Montana Workers' Compensation Act must report an accident to the insurer within 30 days.

Report minor injuries to your employer whether or not you receive medical treatment. After you report the injury, your employer has 6 days to notify their insurer. You must submit a written First Report of Injury within 12 months from the date of the accident. You can submit this form to your employer, insurer, or the Department of Labor and Industry.

All employees sustaining a compensable work related injury or occupational disease, other than those who are exempted by statute (Section 39-71-401, MCA), are covered for medical and wage-loss benefits.

You have the right to choose your initial treating physician.

You may continue to receive treatment from your physician unless you receive written notice of referral to a preferred provider or a managed care organization. After providing you with a referral notice, the insurance carrier is no longer liable for treatment provided by your physician unless authorization is obtained to continue treatment.

For specific information about this policy, call or write your employer's insurance carrier:

Wausau Business Insurance Company
13830 Ballantyne Corporate Place Suite 150
Charlotte, NC 28277
704-759-2561

**For general information about workers' compensation, call or write:
Montana Department of Labor and Industry, Employment Relations
Division, P.O. Box 8011, Helena, MT 59604-8011, Phone (406) 444-6532.**

FAILURE TO POST THIS SIGN OR POSTING AN ALTERED SIGN IN THE
WORKPLACE WILL RESULT IN A \$50 FINE AGAINST THE EMPLOYER!

Instructions to Employers: Post this form in an area that is visible to all employees. If you have any questions regarding this notice or other Unemployment Insurance questions, please contact the following:

Unemployment Insurance employer registration or rate questions?
Call the Department of Revenue at (406) 444-6900 Fax # (406) 444-0629

Unemployment Insurance benefits questions?
Call the Unemployment Insurance Telephone Center in your region
Billings Telephone Center (406) 247-1000
Helena Office (406) 444-3783

Unemployment Insurance employer charging questions?
Call the Department of Labor and Industry, Unemployment Insurance Program at (406) 444-3783
Fax # (406) 444-2699



ATTENTION EMPLOYEES

Your Job Is Covered By Unemployment Insurance
FOR WHICH CONTRIBUTIONS TO THE FUND ARE PAID BY YOUR EMPLOYER

COUNTIES IN HELENA REGION:
(406) 444-2545

BEAVERHEAD * BROADWATER * DEER
LODGE * FLATHEAD * GALLATIN * GRANITE
* JEFFERSON * LAKE *
LEWIS & CLARK * LINCOLN * MADISON *
MEAGHER * MINERAL * MISSOULA * PARK *
POWELL * RAVALLI * SANDERS * SILVER
BOW

COUNTIES IN BILLINGS REGION:
(406) 247-1000

BIG HORN * BLAIN * CARBON * CARTER *
CASCADE * CHOUTEAU * CUSTER *
DANIELS * DAWSON * FALLON *
FERGUS * GARFIELD * GLACIER *
GOLDEN VALLEY * HILL * JUDITH BASIN *
LIBERTY * McCONE * MUSSELSHELL *
PETROLEUM * PHILLIPS * PONDERA *
POWDER RIVER * PRAIRIE * RICHLAND *
ROOSEVELT * ROSEBUD * SHERIDAN *
STILLWATER * SWEET GRASS * TETON *
TOOLE * TREASURE * VALLEY *
WHEATLAND * WIBAUX * YELLOWSTONE

**SHOULD YOUR JOB TERMINATE OR
BE SUBSTANTIALLY REDUCED:**

1. Call the Unemployment Insurance telephone center in your region.

Have the following information available when you call:

- * Social Security Number
 - * Names, address and dates employed for all employers you worked for in the past 18 months.
 - * Alien registration number (if not a citizen of the United States)
 - * If you were in the military or worked for the federal government in the last 18 months, have available your DD-214 member 4, copy of SF-8 or SF50.
2. Register for work at any office of the Montana State Job Service.
 3. If suitable work is not obtainable you may be eligible for unemployment insurance benefits.

**STATE OF MONTANA
UNEMPLOYMENT INSURANCE PROGRAM**

DISCRIMINATION IS AGAINST THE LAW

IN

Employment
Housing
Public Accommodations
Education or Training
Financing
Insurance (*sex & marital status only*)
Government Services

BASED ON

Race, color, national origin
Sex (*including maternity, pregnancy & sexual harassment*)
Age
Religion, creed
Physical or mental disability
Marital status
Familial status (*housing only*)
Political belief (*government involved*)

The law also prohibits retaliation for filing a complaint, being a witness or opposing a discriminatory practice.



CONTACT

(406) 444-2884 1-800-542-0807

HUMAN RIGHTS BUREAU

Employment Relations Division, Dept. of Labor & Industry

616 Helena Ave., Suite 202, PO Box 1728

1625 11th Ave, PO Box 1728

Helena, MT 59624-1728

TDD: (406) 444-9696

www.montanadiscrimination.com

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