

2026 NEW MEXICO LABOR LAWS



This poster must be in a conspicuous place accesible to all employees.

This poster does not provide any legal advice and is distributed independently by each Journey Location. Poster up to date as of March 1, 2026



Minimum Wage:
\$12.00
Tipped Minimum Wage:
\$3.00



NEW MEXICO MINIMUM WAGE ACT
EMPLOYEE RIGHTS



MINIMUM WAGE IN NEW MEXICO

\$12 per hour as of January 1, 2023

OVERTIME PAY	At least 1½ times your regular hourly rate of pay for all hours worked over 40 in a workweek.
TIPPED WORKERS	Employers must pay tipped employees an hourly rate of at least \$3 per hour. If the tips plus the hourly rate do not equal at least \$12 per hour, the employer must make up the difference. Tipped employees have a right to keep all of their tips. Tip pooling may only be among wait staff.
NO SEPARATE RATE FOR STUDENTS OR MINORS	These minimum wage rates apply to all employees regardless of their age or student status.
DAMAGES	Employers who violate the minimum wage or overtime requirements are required to pay impacted employees the full amount of their underpaid wages plus interest, plus an additional amount equal to twice the underpaid wages.
RETALIATION PROHIBITED	It is unlawful to retaliate against an employee for asserting a wage claim or for informing other employees of their rights.
ENFORCEMENT	The Labor Relations Division of the Department of Workforce Solutions investigates claims and recovers back wages for employees who have been underpaid in violation of law, regardless of the dollar value of the claim, going back at least three years, or longer if there was a continuing course of conduct. Violations may result in civil or criminal action.
LOCAL MINIMUM WAGE RATES	Santa Fe, Santa Fe County, and Las Cruces have higher minimum wages. Santa Fe County, Albuquerque, and Las Cruces have higher tipped minimum wages.
ADDITIONAL INFORMATION	Certain jobs or employers are exempt from the minimum wage or overtime provisions.

Employers must display this poster where employees can easily see it. For more information or to file a wage claim, contact the Labor Relations Division at 505-841-4400, or online at www.dws.state.nm.us



PAID SICK LEAVE Notice of Employee Rights

Healthy Workplaces Act | NMSA 50-17-1 to 50-17-12 | Effective date: July 1, 2022

Labor Relations Division

401 Broadway NE, Albuquerque, NM 87102

Albuquerque: (505) 841-4400 • Santa Fe: (505) 827-6838 • Las Cruces: (575) 524-6195

ACCRUAL

Employees accrue one hour of earned sick leave for every thirty hours worked, starting their first day of work. Up to 64 hours of unused earned sick leave can carry over year-to-year.

The Act provides minimum requirements; other laws or employer policies may provide for more accrual, use, or carry over of earned sick leave. The Act does not preempt or override the terms of any collective bargaining agreement.

The Act applies to all employees—full-time, part-time, seasonal, and temporary. The Act also applies to employees who are salaried, tipped, or on a per-diem schedule, as well as employees paid on task, piece, or commission basis. Employees may not contract out of or agree to waive their rights under the Act.

USE OF PAID SICK LEAVE

Employees may use up to 64 hours of earned sick leave per twelve-month period, if they work enough hours. Individual employers may set a higher limit. Employers may select when the 12-month period begins.

PAY

Used sick leave is compensated at the employee's usual hourly rate and benefits. The hourly rate must be at least minimum wage.

REASON FOR USE OF LEAVE

Employees may use accrued sick leave for the following reasons:

- Employee's treatment or diagnosis of illness, injury, or health condition, or preventative medical care.
- Care of employee's family members for treatment or diagnosis of illness, injury, or health condition, or preventative medical care.
- Meetings related to employee's child's health or disability.
- Absence necessary because of and related to domestic abuse, sexual assault, or stalking suffered by the employee or their family member.

USE OF SICK LEAVE

Employers must grant use of earned sick leave upon the oral or written request of an employee or an individual acting on the employee's behalf. When possible, the request must include the expected duration of the absence. An employer may not condition an employee's taking earned sick leave on the employee searching for or finding a replacement worker to cover during the employee's absence. An employer may not require an employee to use other paid leave before the employee uses sick leave pursuant to the Act.

The employee should notify the employer in advance when use of sick leave is foreseeable and make a reasonable effort to schedule the leave so it does not disrupt business operations. When use of sick leave is not foreseeable, the employee must notify the employer as soon as practicable.

WHAT TO DO IF YOU'RE INJURED AT WORK



Notice

In most cases you must tell your employer about the accident within 15 days, using the Notice of Accident Form.



Support Services

You have the right to information and assistance from an information specialist known as an Ombudsman at the Workers' Compensation Administration.



Claims Information

Contact your employer's Claims Representative.

Your Rights

If you are injured in a work-related accident: Your employer / insurer must pay all reasonable and necessary medical costs.

You may or may not have the right to choose your health care provider. If your employer / insurer has not given you written instructions about who chooses first, call an ombudsman. In an emergency, get emergency medical care first.

If you are off work for more than seven days, your employer / insurer must pay wage benefits to partially offset your lost wages.

If you suffer "permanent impairment," you may have the right to receive partial wage benefits for a longer period of time.

Employer's Insurer / Claims Representative:

Aseguradora del Empleador / Representante de Reclamados:

Name: _____

Phone #: _____

Address: _____

Employer must fill in insurer / claims representative information. El empleador debe completar la información del asegurador / representante de reclamados.

For FREE copies of this poster and Notice of Accident Forms call: 1-866-967-5667
EMPLOYER: You are required by law to display this poster where your employees can read it. Post the Notice of Accident forms with it. The poster without the Notice of Accident forms does not comply with law. You have other rights and duties under the law.



DISCRIMINATION is against the law.

If you feel that you have been discriminated against, visit our website or contact us.

Human Rights Bureau

2600 Cerrillos Rd, Santa Fe, NM 87505

Office: (505) 827-6838 • Toll-free: (800) 566-9471 • Fax: (505) 827-6878

NEW MEXICO HUMAN RIGHTS ACT

The Human Rights Bureau enforces the provisions of the Human Rights Act of 1969. Additionally, the Human Rights Bureau has a work-sharing agreement with the Equal Employment Opportunity Commission (EEOC) to enforce the provisions of federal law under Title VII of the Civil Rights Act of 1964, the Age Discrimination in Employment Act of 1967 (ADEA), and the Americans with Disabilities Act of 1990 (ADA), all as amended. Prohibited discriminatory bases include:

- Race
- Color
- National Origin
- Ancestry
- Sex
- Age
- Religion
- Gender
- Physical or Mental Disability or Serious Medical Condition
- Sexual Orientation
- Gender Identity
- Spousal Affiliation
- Pregnancy, Childbirth, or Related Condition

Sexual harassment and harassment based on other protected categories is prohibited by the Act.

The Human Rights Act prohibits discrimination in the areas of employment, housing, credit, and public accommodations, and prohibits retaliation for complaining about discrimination in any of these areas, or participating in an investigation.

If you feel you have been discriminated against, contact the Human Rights Bureau by phone or fill out a complaint form online at:

www.dws.state.nm.us

ENFORCEMENT

The New Mexico Department of Workforce Solutions Human Rights Bureau investigates complaints of discrimination and harassment in employment, housing, credit, and public accommodations.

Complaints must be filed with the Human Rights Bureau within 300 days of the last act of discrimination or harassment.

For assistance in filing a complaint, or for any other information on the Human Rights Act, please call (800) 566-9471 (toll-free) or (505) 827-6838, or visit our website at:

www.dws.state.nm.us

Rev. 7/2023

QUÉ HACER SI SE LESIONA EN EL TRABAJO



Aviso

En la mayoría de los casos usted debe de avisarle a su empleador del accidente dentro de los primeros 15 días usando las formas de Aviso de Accidente.



Servicios de Apoyo

Usted tiene el derecho a información y ayuda contactándose con un especialista en información conocido como "Ombudsman" en la Administración para la Compensación a los Trabajadores.



Información acerca de Reclamaciones

Contactese con el representante de reclamaciones de su compañía.

Sus Derechos

Si se lastima en el trabajo: Su empleador / asegurador debe de pagar por los gastos médicos necesarios y razonables.

Es posible que usted tenga, o no tenga, el derecho de escoger el proveedor de servicios para la salud. Si su empleador / asegurador no le ha dado instrucciones por escrito de quien es el que selecciona primero, pregúntele o llame a un ombudsman. En una emergencia, obtenga asistencia médica de emergencia primero.

Si usted está fuera del trabajo por más de siete días, su empleador / asegurador debe de hacerle un pago compensatorio de prestaciones parciales de salario por un periodo de tiempo más largo.

Si usted sufre "daño permanente," usted puede tener el derecho a recibir prestaciones parciales de salario por un periodo de tiempo más largo.

If You Need HELP Call: 1-866-967-5667

Ask for an Ombudsman

Si Usted Necesita Ayuda Llame Al:

1-866-967-5667

Pregunte por un Ombudsman

Visit our website at: <https://workerscomp.nm.gov>



NEW MEXICO JOB HEALTH AND SAFETY POSTER

You Have a Right to a Safe and Healthful Workplace
IT'S THE LAW!

Employees:

- You have the right to notify your employer or OSHA about workplace hazards. You may ask OSHA to keep your name confidential.
- You have the right to request a New Mexico OSHA inspection if you believe that there are unsafe or unhealthful conditions in your workplace. You or your representative may participate in the inspection.
- You can file a complaint with New Mexico OSHA within 30 days of discrimination by your employer for making safety and health complaints or for exercising your rights under the New Mexico Occupational Health and Safety Act.
- You have a right to see OSHA citations issued to your employer. Your employer must post the citations at or near the place of the alleged violation.
- Your employer must correct workplace hazards by the date indicated on the citation and must certify that these hazards have been reduced or eliminated.
- You have the right to 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.
- You must comply with all OSHA standards issued under the *OSH Act* that apply to your own actions and conduct on the job.

Employers:

- Employers must furnish your employees a place of employment free from recognized hazards.
- Employers must comply with the OSHA standards issued under the *OSH Act*.

The Occupational Safety and Health Act of 1970 (OSH Act), P.L. 91-956, assures safe and healthful working conditions for working men and women throughout the Nation. The Occupational Safety and Health Administration, in the U.S. Department of Labor, has the primary responsibility for administering the OSHA Act. The rights listed here may vary depending on the particular circumstances. To file a complaint, report an emergency, or seek free OSHA advice and assistance, call 1-877-610-6742 or (505) 476-8700 or email at Complaints.OSHA@state.nm.us. Our fax number is (505) 476-8734. For information or assistance relative to the State Occupational Health & Safety program, please refer to address to the left side of poster.

The Federal Occupational Safety and Health Administration monitors the operation of the state program to assure its continued effectiveness. Anyone wishing to register a complaint concerning the administration of the New Mexico Occupational Health and Safety Program may do so by contacting U.S. Department of Labor, Occupational Safety and Health Administration, 525 Griffin Street, Room 602, Dallas, Texas 75202 at (972) 850-4145.

SALUD DE TRABAJO Y CARTEL DE SEGURIDAD

Usted Tiene el Derecho a un Lugar de Trabajo Seguro y Saludable.
¡LO ESTABLECE LA LEY!

Empleados:

- Usted tiene el derecho de notificar a su empleador o a la OSHA sobre peligros en el lugar de trabajo. Usted también puede pedir que la OSHA no revele su nombre.
- Usted tiene el derecho de pedir a la OSHA de Nuevo México que realice una inspección si usted piensa que en su trabajo existen condiciones peligrosas o poco saludables. Usted o su representante pueden participar en esa inspección.
- Usted tiene 30 días para presentar una queja ante la OSHA de Nuevo México si su empleador llaga a tomar represalias o discriminar en su contra por haber denunciado la condición de seguridad o salud o por ejercer los derechos consagrados bajo la Ley OSH de Nuevo México.
- Usted tiene el derecho de ver las citaciones enviadas por la OSHA a su empleador. Su empleador debe colocar las citaciones en el lugar donde se encontraron las supuestas infracciones o cerca de mismo.
- Su empleador debe corregir los peligros en el lugar de trabajo para la fecha indicada en la citación y debe certificar que dichos peligros se hayan reducido o desaparecido.
- Usted tiene derecho de recibir copias de su historial o registro médico y el registro de su exposición a sustancias o condiciones tóxicas o dañinas.
- Su empleador debe colocar este aviso en su lugar de trabajo.
- Usted debe cumplir con todas la normas de seguridad y salud ocupacionales expedidas conforme a la Ley OSH que sean aplicables a sus propias acciones y conducta en el trabajo.

Employers:

- Usted debe proporcionar a sus empleados un lugar de empleo libre de peligros conocidos.
- Usted debe cumplir con las normas de seguridad y salud ocupacionales expedidas conforme a la Ley OSH.

La Ley de Seguridad y Salud Ocupacionales de 1970 (la Ley), P.L. 91-596, garantiza condiciones ocupacionales seguras y saludables para los hombres y las mujeres que desempeñen algún trabajo en todo el Estado de Nuevo México. La Administración de Seguridad y Salud Ocupacionales (OSHA), es la responsable principal de supervisar la Ley. Los derechos que se indican en este documento pueden variar según las circunstancias particulares. Para presentar un reclamo, informar sobre una emergencia o pedir consejos y asistencia gratis de la OSHA, llame 1-877-610-6742 or (505) 476-8700 o email Complaints.OSHA@state.nm.us. Número de facsímil - (505) 476-8734.

La Administración de Salud y Seguridad Ocupacional Federal supervisa la operación del programa estatal para asegurar su eficacia continuada. Alguien deseando registrar una queja acerca de la administración de OSHA por parte del Estado, puede hacer así por ponerse en contacto New Mexico Environment Department, Occupational Safety and Health Administration, 525 Griffin Street, Room 602, Dallas, Texas 75202, numero de telefono (972) 850-4145.

NM OSHA The Best Resource for Health and Safety
El Major Recurso para la Salud y Seguridad

Site Address / La Dirección a la

Agencia:

525 Camino de los Marquez,

Ste. 3

Santa Fe, NM 87505

Mailing Address / Dirección de

Envío:

PO Box 5469

Santa Fe, NM 87502-5469

Telephone No./Numero de

Telefono:

505-476-8700 or 1-877-610-6742

Fax Number/Numero de

Facsimil:



NOTICE OF ACCIDENT OR OCCUPATIONAL DISEASE DISABLEMENT NOTIFICACIÓN DE ACCIDENTE O ENFERMEDAD DE OFICIO

In accordance with New Mexico law, Section 52-1-29, Section 52-3-19 and Section 52-1-49, NMSA 1978, NMAC 11.4.4.11
Conforme a la Ley de la Compensación de los Trabajadores, Sección 52-1-29, Sección 52-3-19 y Sección 52-1-49, NMSA 1978, NMAC 11.4.4.11

I, _____, (name of employee/hombre del empleado)	was involved in an on-the-job accident or was disabled me lastimé en un accidente en el trabajo o fui incapacitado
by an occupational disease at approximately _____ on _____, 20____. por enfermedad de oficio aproximadamente (time la(s) hora(s)) el (date/fecha) del 20____.	
Employee's social security number: _____ Número de seguro social del empleado: _____	Where did the accident occur? _____ ¿Dónde ocurrió el accidente? _____
What happened? ¿Qué ocurrió?	

To be completed by Employer: Completado por el empleador: If Yes, Employer has right to change health care provider after 60 days. If No, Worker has the right to change health care provider after 60 days. proveedor de atención médica después de 60 días.	Worker will choose health care provider. Yes ____ No ____ Trabajador elegirá proveedor de atención médica. If No, Worker has the right to change health care provider after 60 days. En caso afirmativo, el empleador tiene derecho a cambiar de proveedor de atención médica después de 60 días. En caso que no elige, el trabajador tiene derecho a cambiar de proveedor de atención médica después de 60 días.
WORKER'S INITIALS _____	INICIALES DEL TRABAJADOR _____

Signed: _____ Firma: _____ (employee/empleado) Date/Fecha: _____	Signed/Notice Received: Firma/Notificación recibida: (employer or representative/empleado o representante) Date/Fecha: _____
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ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES. PREVIOUS NOA FORMS ARE STILL VALID FOR USE.

Form NOA-1 Employer/employee: Each keep one copy. Empleador/empleado: Retener una copia. ---SEE BACK OF THIS FORM--- ---VER AL REVERSO DE ESTA FORMA---

Worker -- For emergency medical care, go to any emergency medical facility.

Workers and Employers with questions about workers' compensation may contact an Ombudsman at any New Mexico Workers' Compensation Administration office for information and assistance. The offices are open Monday through Friday, 8 a.m. to 5 p.m., except holidays.

Trabajador
Para emergencias médicas vaya a cualquier clínica / hospital.

Trabajadores y empleadores con preguntas acerca de la compensación de los trabajadores pueden comunicarse con un asesor ("ombudsman") a cualquier oficina de la Administración de la Compensación de los Trabajadores para información y asistencia. Las oficinas están abiertas desde las ocho de la mañana hasta las cinco de la tarde de lunes a viernes, con la excepción de días festivos.

Statewide Helpline -- Línea de Asistencia
1-866-WORKOMP / 1-866-967-5667
toll free -- llamada sin costo de larga distancia
New Mexico Workers' Compensation Administration
PO Box 27198, Albuquerque, NM 87125

Albuquerque: (505) 841-6000 - 1 (800) 255-7965
Farmington: (505) 599-9746 - 1 (800) 508-7310
Hobbs: (575) 397-3425 - 1 (800) 594-2450

Las Cruces: (575) 524-6248 - 1 (800) 870-8826
Las Vegas: (505) 454-9251 - 1 (800) 281-7699
Roswell: (575) 623-3997 - 1 (888) 311-8557

Santa Fe: (505) 476-7381

OBTAINING FORCED LABOR OR SERVICES IS A
CRIME UNDER NEW MEXICO AND FEDERAL LAW



For more details, see the full text of the law and regulations, available at
www.dws.state.nm.us

Rev. 03/2022