

MINIMUM WAGE IN FLORIDA

Notice to Employees

Effective September 30, 2024, the Florida minimum wage will be \$13.00 per hour, with a minimum wage of at least \$9.98 per hour for tipped employees, in addition to tips, through September 29, 2025.

On November 3, 2020, Florida voters approved a state constitutional amendment to gradually increase the state's minimum wage each year until reaching \$15.00 per hour on September 30, 2026. On September 30, 2024, Florida's minimum wage will increase to \$13.00 per hour. Each year thereafter, Florida's minimum wage will increase by \$1.00 until the minimum wage reaches \$15.00 per hour on September 30, 2026. Resuming in 2027, the minimum wage will be adjusted annually for inflation.

An employer may not retaliate against an employee for exercising his or her right to receive the minimum wage. Rights protected by the State of Florida Constitution include the right to:

- File a complaint about an employer's alleged noncompliance with lawful minimum wage requirements.
- Inform any person about an employer's alleged noncompliance with lawful minimum wage requirements.
- Inform any person of his or her potential rights under Section 24, Article X of the State Constitution and to assist the individual in asserting such rights.

An employee who has not received the lawful minimum wage after notifying his or her employer and giving the employer 15 days to resolve any claims for unpaid wages may bring a civil action in a court of law against an employer to recover back wages plus damages and attorney's fees.

An employer found liable for intentionally violating minimum wage requirements is subject to a fine of \$1,000 per violation, payable to the State. The Attorney General, or other official designated by the Legislature, may bring a civil action to enforce the minimum wage.

For additional details, see Section 24, Article X of the State of Florida Constitution, and sections 448.109 and 448.110, Florida Statutes.



To Employees:

- **Your Employer** is registered with the Florida Department of Revenue as an employer who is liable under the Florida Reemployment Assistance Law. This means that **You**, as employees, are covered by the Reemployment Assistance Program, formerly known as Unemployment Compensation Program.
- **Reemployment assistance taxes** finance the benefits paid to eligible unemployed workers. **Those taxes are paid by your employer and, by law, cannot be deducted from employee's wages.**
- You may be eligible to receive reemployment assistance benefits if you meet the following requirements:
 1. You must be totally or partially unemployed through no fault of your own.
 2. You must apply for benefits at <https://connect.myflorida.com>.
 3. You must register for work at www.employflorida.com.
 4. You must have a history of sufficient employment and wages.
 5. You must be **Able** to work and **Available** for work.
- You may file a claim for partial unemployment for any week you work less than full time due to lack of work if your wages during that week are less than your weekly benefit amount.
- You must report all earnings while claiming benefits. Failure to do so is a third-degree felony with a maximum penalty of 5 years imprisonment and a \$5,000 fine.
- Discharges related to misconduct connected with work may result in disqualification with a penalty period **AND** remain in effect until a set amount of wages have been earned with new employment.
- Voluntarily quitting a job without good cause attributable to the employer may result in disqualification until a set amount of wages have been earned with new employment.
- If you have any questions regarding reemployment assistance benefits, contact the Florida Department of Commerce, Reemployment Assistance Program at:

**Florida Department of Commerce
Division of Workforce Services
Reemployment Assistance Program
1-800-204-2418
www.floridajobs.org**

This notice must be posted in accordance with Section 443.151(1) Florida Statutes, of the Florida Reemployment Assistance Program Law.

**FLORIDA LAW
PROHIBITS
DISCRIMINATION**

BASED ON:

RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN,
DISABILITY, AGE, PREGNANCY OR MARITAL STATUS.

WHAT IS COVERED UNDER THE LAW:

- EMPLOYMENT
- PUBLIC ACCOMMODATIONS
- RETALIATION AFTER FILING A CLAIM
- STATE EMPLOYEE WHISTLE-BLOWER RETALIATION

*If you feel that you have been discriminated against,
visit our web site or call us!*

**FLORIDA COMMISSION ON
HUMAN RELATIONS**

4075 Esplanade Way, Suite 110
Tallahassee, Florida 32399
<http://FCHR.state.fl.us>

Phone: **(850) 488-7082**
Voice Messaging **1-800-342-8170**

**LA LEY DE LA FLORIDA
PROHIBE
DISCRIMINACIÓN**

BASADA EN:

RAZA, COLOR, RELIGIÓN, SEXO, ORIGEN NACIONAL,
INCAPACIDAD, EDAD, EMBARAZO, O ESTADO CIVIL.

LO QUE ESTÁ CUBIERTO BAJO LA LEY:

- EMPLEO
- LUGARES DE ACOMODO PÚBLICO
- ACCIÓN VENGATIVA DESPUES
DE PRESENTAR UNA QUEJA
- ACCIÓN VENGATIVA EN CONTRA DE PRESENTAR UNA QUEJA
BAJO LA LEY DE "SOPLAÓN" (WHISTLE-BLOWER)

*¡Si usted siente que ha sido discriminado,
visite nuestra página web o llámenos!*

**LA COMISIÓN DE RELACIONES
HUMANAS DE LA FLORIDA**

4075 Esplanade Way, Suite 110
Tallahassee, Florida 32399
<http://FCHR.state.fl.us>

Teléfono: **(850) 488-7082**
Correo de Voz: **1-800-342-8170**

Workers' Comp Works For You

Workers' compensation pays for all authorized medically necessary care and treatment related to your injury or illness.

If you are unable to work or your earnings are lower because of a work related injury or illness, and you have been disabled for more than seven calendar days, you may be eligible for some wage replacement benefits.

If you are injured on the job:

- 1.** Notify your employer immediately to get the name of an approved physician. Workers' comp insurance may not pay the medical bills if you don't report your injury promptly to your employer.
- 2.** Notify the doctor and medical staff that you were injured on the job so that bills may be properly filed.
- 3.** If you have any problems with your claim or suffer excessive delays in treatment, contact the State of Florida's Division of Workers' Compensation at **1-800-342-1741**.

Employer Name/Address:
Humach Holdings, LLC
210 Jones St. STE 200
Dubuque, IA 52001-7615

Carrier Name: The Travelers Insurance Companies
Address: Varies by location
Agent Name: PDCM Insurance Inc
Policy Number: UB-6K416437-25-42-G

\$25,000 Reward ANTI-FRAUD REWARD PROGRAM

Rewards of up to \$25,000 may be paid to persons providing information to the Department of Financial Services leading to the arrest and conviction of persons committing insurance fraud, including employers who illegally fail to obtain workers' compensation coverage. Persons may report suspected fraud to the department at

1-800-378-0445 or online at
<https://first.fldfs.com>

A person is not subject to civil liability for furnishing such information, if such person acts without malice, fraud or bad faith.

This notice of compliance must be posted by the employer and maintained conspicuously in and about the employer's place or places of employment.
State of Florida
Division of Workers' Compensation

69L-6.007, F.A.C. Compensation Notice
DFS-F4-1548
Revised March 2010
(Fraud reporting link updated May 2021)

PLACE INSURER INFORMATION STICKER HERE