

**Iowa Division of Labor
OSHA Enforcement**
150 Des Moines Street
Des Moines, IA 50309-1836
Phone: 515-725-5621
Fax: 515-281-7995
www.iowaosha.gov
OSHA@iwd.iowa.gov

Employee Rights Notice

Date posted: _____

Your employer, _____, was cited for violation(s)
(name of employer)
of the Iowa Occupational Safety and Health Act and has requested additional time to
correct one or more of the violations.

Affected employees are entitled to participate as parties under the rules of the Iowa
Employment Appeal Board. Affected employees or their representatives must file a written
objection to the employer's petition with the commissioner of labor to participate. Failure
to file the objection within 10 working days of the first posting of the accompanying
petition and this notice shall constitute a waiver of any further right to object to the
petition or to participate in any related proceedings.

All papers relevant to this matter may be inspected at: _____
(convenient location near workplace)

Objections may be sent to:
Iowa OSHA
150 Des Moines Street
Des Moines, IA 50309-1836
Phone: 515-725-5621
Fax: 515-281-7995
osha.pma@iwd.iowa.gov
www.iowaosha.gov