



Iowa OSHA
1000 East Grand Avenue
Des Moines, IA 50319-0209
Phone: 515-242-5870
www.iowaosha.gov

Notice of Employee Rights

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

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 ten 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
1000 E. Grand Avenue
Des Moines, Iowa 50319
Fax: 515-281-7995
Email: iowaosha@iwd.iowa.gov

Date Posted: _____